State of Indiana

# Trauma Registry Data Dictionary

2016

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### Indiana Inclusion/ExclusionCriteria

#### **Definition:**

To ensure consistent data collection across the State and with the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

The patient must have incurred, **no more than 30 days prior to presentation for initial treatment**, at least one of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM):800–959.9

International Classification of Diseases, Tenth Revision (ICD-10-CM):

**S00-S99 with 7**<sup>th</sup> character modifiers of A, B, or C ONLY. (Injuries to specific body parts – initial encounter)

**T07** (unspecified multiple injuries)

T14 (injury of unspecified body region)

**T20-T28 with 7**<sup>th</sup> character modifier of A ONLY (burns by specific body parts – initial encounter)

T30-T32 (burn by TBSA percentages)

T79.A1-T79.A9 with 7<sup>th</sup> character modifier of A ONLY (Traumatic Compartment Syndrome – initial encounter)

#### **Excluding the following isolated injuries:**

#### ICD-9-CM:

905-909.9 (late effects of injury)

910-924.9 (superficial injuries: blisters, contusions, abrasions, Insect bites) 930-

939.9 (foreign bodies – ingested, eye, etc.)

#### ICD-10-CM:

**S00** (Superficial injuries of the head)

**\$10** (Superficial injuries of the neck)

**S20** (Superficial injuries of the thorax)

**\$30** (Superficial injuries of the abdomen, pelvis, lower back and external genitals)

**S40** (Superficial injuries of shoulder and upper arm)

\$50 (Superficial injuries of elbow and

forearm) \$60 (Superficial injuries of wrist,

hand and fingers) \$70 (Superficial injuries

of hip and thigh)

**\$80** (Superficial injuries of knee and lower leg)

**S90** (Superficial injuries of ankle, foot, and toes)

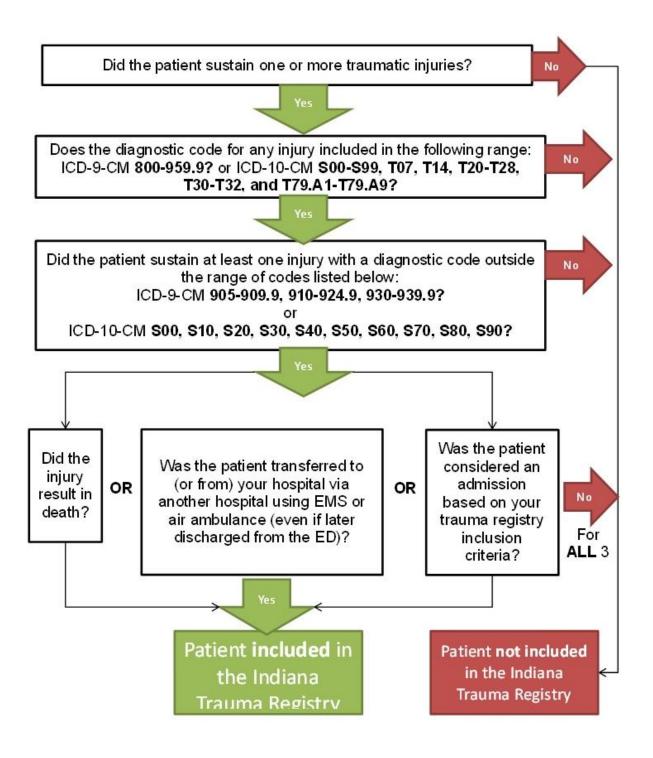
Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7<sup>th</sup> digit modifier code of D through S, are also excluded.

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-9-CM 800-959.9 OR ICD-

# 10- CM S00-S99, T07, T14, T20-T28, T30-T32, and T79.A1-T79.A9):

- Hospital admission as defined by your trauma registry inclusion criteria OR:
- Patient transfers via EMS transport (including Air Ambulance) from one hospital to another hospital (even if later discharged from the ED) **OR:**
- Death resulting from the traumatic injury (independent of hospital admission or transfer status)

# Indiana Trauma Registry Inclusion Criteria Map



#### National & State Element

#### **COMMON NULL VALUES**

[combo] single-**Data Format** choice

#### **Definition**

These values are to be used with each of the National Trauma Data Standard Data Elements and Indiana Trauma Data Standard Data Elements described in this document which have been defined to accept the Null Values.

#### **Field Values**

- 1 Not Applicable
- 2 Not Known / Not Recorded

#### AdditionalInformation

- For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. When data elements associated with the National Trauma Data Standard and Indiana Trauma Data Standard are to be electronically stored in a database or moved from one database to another using XML, the indicated null values should be applied
- Not Applicable (NA): This null value code applies if, at the time of patient care documentation, the information requested was "Not Applicable" to the patient, the hospitalization, or the patient care event. For example, variables documenting EMS care would be "Not Applicable" if a patient self-transports to the hospital.
- Not Known / Not Recorded (NK / NR): This null value applies if, at the time of patient care documentation, information was "Not Known" (to the patient, family, or health care provider) or no value for the element recorded for the patient. This documents that there was an attempt to obtain information but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as "Unknown". Another example, Not Known/Not Recorded should also be coded when documentation was expected, but none was provided (i.e., no EMS run sheet in the hospital record for patient transported by EMS).

Demographic Information

# **MEDICAL RECORD #**

**Data Format** [text]

# **Definition**

The hospital's medical record number for the patient.

XSD Data Type xs: string		XSD Element / Doma	in (Simple Type)
Multiple Entry Configuration	No	<b>Accepts Null Value</b>	Yes
Required in XSD No		Min. Constraint:	Max. Constraint:

#### **Field Values**

• Relevant value for data element

# **Additional Information**

• Auto-generated by the hospital

# Account # Data Format

[text]

# **Definition**

The hospital's encounter number for the patient that is unique to this visit.

XSD Data Type xs: string		XSD Element / Doma	in (Simple Type)	AccountNumber
Multiple Entry Configuration	No	<b>Accepts Null Value</b>	Yes	
Required in XSD No		Min. Constraint:	Max. Constraint:	

#### **Field Values**

• Relevant value for data element

# **Additional Information**

• Auto-generated by the hospital

# INJURY INCIDENT DATE \* Data Format [date]

#### **Definition**

The date the injury occurred

XSD Data Type	xs: date		XSD Element / Domain	n (Simple Type) IncidentDate
Multiple Entry Cor	nfiguration	No	Accepts Null Value Min. Constraint:	Yes, common null values
Required in XSD	Yes		1,990	Max. Constraint: 2,030

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as MM/DD/YYYY
- Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call times) should not be used
- If date of injury is "Not recorded / Not known", the null value is unknown

#### **Data Source**

- EMS Run Sheet
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical
- Face Sheet

#### **National Element**

National Element I\_01 from the 2016 National Trauma Data Standard

# INJURY INCIDENT TIME \* Data Format [time]

#### **Definition**

The time the injury occurred

XSD Data Type	xs: time		XSD Element / Domai	n (Simple Type) IncidentTime
Multiple Entry Con	figuration	No	Accepts Null Value Min. Constraint:	Yes, common null values
Required in XSD	Yes		00:00	Max. Constraint: 23:59

#### Field Values

· Relevant value for data element

#### **Additional Information**

- Collected as HHMM
- HHMM should be collected as military time
- Estimates of time of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call times) should not be used
- 12f time of injury is "Not recorded / Not known", the null value is unknown

#### **Data Source**

- EMS Run Sheet
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical
- Face Sheet

#### **National Element**

National Element I\_02 from the 2016 National Trauma Data Standard

# **PATIENT'S LAST NAME**

# Data Format [text]

#### **Definition**

The patient's last name.

XSD Data Type	xs: text		XSD Element / Domain	(Simple Type)	LastName
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common n	ull values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

- Face Sheet
- EMS Run Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

# **PATIENT'S FIRST NAME**

Data Format [text]

#### **Definition**

The patient's first name.

XSD Data Type	xs: text		XSD Element / Domain	(Simple Type)	FirstName
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common n	ull values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

- Face Sheet
- EMS Run Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

# **PATIENT'S MIDDLE INITIAL**

Data Format [text]

#### **Definition**

The patient's middle initial.

XSD Data Type	xs: text		XSD Element / Domain	(Simple Type)	MiddleInitial
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

- Face Sheet
- EMS Run Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

# **PATIENT'S SOCIAL SECURITY #**

**Data Format** [number]

#### **Definition**

The patient's social security number.

XSD Data Type	xs: number		XSD Element / Domain	(Simple Type) SocialSecurityNumber
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

Relevant value for data element

#### **Additional Information**

Collected as ###-#####

- Face Sheet
- EMS Run Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation

# DATE OF BIRTH \* Data Format [date]

#### **Definition**

The patient's date of birth

XSD Data Type	xs: date		XSD Element / Domain	(Simple Type)	DateOfBirth
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common nul	l values
Required in XSD	Yes		Min. Constraint: 1,890	Max. Constr	aint: 2,030

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as MM/DD/YYYY
- If date of birth is equal to the ED/Hospital Arrival date, then the Age & Age Units variables must be completed
- If date of birth is "Not Recorded / Not Known" complete variables: Age and Age Units
- Used to calculate patient age in days, months, or years

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D 07 from the 2016 National Trauma Data Standard

#### AGE \*

# Data Format [number]

#### **Definition**

The patient's age at the time of injury (best approximation)

XSD Data Type xs: integer	XSD Element / Domain (Simple Type) Age
Multiple Entry Configuration No	Accepts Null Value Yes, common null values
Required in XSD Yes	Min. Constraint: 0 Max. Constraint: 120

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Auto-calculated to patient's age in years when "Date of Birth" is entered
- Used to calculate patient age in hours, days, months, or years
- If date of birth is equal to the ED/Hospital Arrival date, then the Age & Age Units variables must be completed
- If date of birth is "Not Recorded / Not Known" complete variables: Age and Age Units
- · Must also complete variable: Age Units

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- · Face Sheet

#### **National Element**

National Element D\_08 from the 2016 National Trauma Data Standard

#### **AGE UNITS\***

Data Format [combo] single-choice

#### **Definition**

The units used to document the patient's age (Years, Months, Days, Hours, Minutes)

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) Agel		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

- 1 Hours2 Days4 Years5 Minutes
- 3 Months

#### **Additional Information**

- Used to calculate patient age in hours, days, months, or years
- If date of birth is equal to the ED/Hospital Arrival date, then the Age & Age Units variables must be completed
- If date of birth is "Not Recorded / Not Known" complete variables: Age and Age Units
- Must also complete variable: Age

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- Triage Form/Trauma Flow Sheet
- EMS Run Sheet
- · ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D\_09 from the 2016 National Trauma Data Standard

#### **RACE\***

Data Format [combo] multiple-choice

#### **Definition**

The patient's race

XSD Data Type xs: integer	XSD Element / Domain (Simple Type) Race		
Multiple Entry Configuration Yes, max 2	Accepts Null Value Yes, common null values		
Required in XSD Yes			

#### **Field Values**

1 Asian2 Native Hawaiian or Other Pacific Islander5 Black or AfricanAmerican

3 Other Race 6 White

4 American Indian

#### **Additional Information**

Patient race should be based upon self-report or identified by a family

member
 Maximum number of races that may be reported for an individual patient is

two

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- Triage Form/Trauma Flow Sheet
- EMS Run Sheet
- ED Nurses' Notes
- Face Sheet
- · History & Physical

#### **National Element**

National Element D\_10 from the 2016 National Trauma Data Standard

# **OTHER RACE**

### **Data Format** [text]

#### **Definition**

The patient's secondary race (if the first race field is insufficient)

Multiple Entry Configuration No Accepts Null Value Yes, common null values

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

Patient race should be based upon self-report or identified by a family

- member
- Only completed if Race is "Other Race"

- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes

### **ETHNICITY\***

Data Format [combo] single-choice

#### **Definition**

The patient's ethnicity.

XSD Data Type xs: integ	ıer	XSD Element / Domai	n (Simple Type)	Ethnicity
Multiple Entry Configuration	n No	Accepts Null Value Yes, common null val		ull values
Required in XSD Yes				

#### **Field Values**

1 Hispanic or Latino 2 Not Hispanic or Latino

#### **Additional Information**

- Patient ethnicity should be based upon self-report or identified by a family member
- The maximum number of ethnicities that may be reported for an individual patient is 1

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- Triage Form/Trauma Flow Sheet
- EMS Run Sheet
- ED Nurses' Notes
- Face Sheet
- · History & Physical

#### **National Element**

National Element D\_11 from the 2016 National Trauma Data Standard

#### **GENDER\***

Data Format [combo] single-choice

#### **Definition**

The patient's gender (sex).

XSD Data Type xs: in	teger	XSD Element / Domain (Simple Type) Sex		
Multiple Entry Configuration		<b>Accepts Null Value</b>	Yes, common null values	
Required in XSD Ye	es			

#### **Field Values**

1 Male 2 Female

#### **Additional Information**

 Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet
- · History & Physical

#### **National Element**

National Element D 12 from the 2016 National Trauma Data Standard

# **PATIENT'S HOME ADDRESS**

Data Format [text]

#### **Definition**

The home street address of the patient's primary residence.

XSD Data Type	xs: string		XSD Element / Domain (S	Simple Type)	Address
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

- Face Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes

# Address Line 2 Data Format [text]

## **Definition**

The continuation of the street address of the patient's primary residence.

XSD Data Type xs:string			XSD Element / Domain (Simple Type) Addr				
Multiple Entry Configuration		No	Accepts Null Value	Yes, con	nmon null values		
Required in XSD	Yes						

#### **Field Values**

· Relevant value for data element

- Face Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes

## **PATIENT'S HOME COUNTRY\***

Data Format [combo] single-choice

#### **Definition**

The country where the patient resides

XSD Data Type	xs: string		XSD Element / Domain	(Simple Type)	HomeCountry
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

#### **Additional Information**

• When completed with ZIP code, city, county, and state auto-calculate

#### **Data Source**

- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D\_02 from the 2016 National Trauma Data Standard

## **PATIENT'S HOME ZIP CODE\***

**Data Format** [text]

#### **Definition**

The patient's ZIP/Postal code of primary residence.

XSD Data Type	xs: string		XSD Element / Domain	(Simple Type)	HomeZip
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common n	ull values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- May require adherence to HIPAA regulations
- Stored as a 5 digit code
- When completed with Country the city, county, and state auto-calculate
- If ZIP code is "Not Applicable", complete variable: Alternate Home Residence
- If ZIP code is "Not Recorded / Not Known", complete variables: Patient's Home State; Patient's Home County; Patient's Home City
- If ZIP code is left blank, Patient's Home City, County, and State defaults to "Not Applicable"

#### **Data Source**

- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D\_01 from the 2016 National Trauma Data Standard

## **PATIENT'S HOME CITY\***

Data Format [combo] single-choice

#### **Definition**

The patient's city (or township, or village) of residence.

XSD Data Type	xs: string		XSD Element / Domain	n (Simple Type)	HomeCity
Multiple Entry Configuration		No	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element (five digit FIPS code)

#### **Additional Information**

- Auto-Calculated if ZIP code and Country are completed
- Only complete when ZIP code is "Not Recorded / Not Known"
- Used to calculate FIPS code

#### **Data Source**

- ED Admission Form
- · Billing Sheet / Medical Records Coding Summary Sheet
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D 05 from the 2016 National Trauma Data Standard

#### **PATIENT'S HOME COUNTY\***

Data Format [combo] single-choice

#### **Definition**

The patient's county (or parish) of residence

XSD Data Type	xs: string		XSD Element / Domain	n (Simple Type)	HomeCounty
Multiple Entry Configuration		No	Accepts Null Value	Yes, common no	ull values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element (three digit FIPS code)

#### **Additional Information**

- Auto-Calculated if ZIP code and Country are completed
- Only complete when ZIP code is "Not Recorded / Not Known"
- Used to calculate FIPS code

#### **Data Source**

- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D 04 from the 2016 National Trauma Data Standard

## **PATIENT'S HOME STATE\***

Data Format [combo] single-choice

#### **Definition**

The state (territory, province, or District of Columbia) where the patient resides

XSD Data Type	xs: string		XSD Element / Domain	(Simple Type)	HomeState
Multiple Entry Configuration			<b>Accepts Null Value</b>	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element (two digit numeric FIPS code)

#### **Additional Information**

- Auto-Calculated if ZIP code and Country are completed
- Only complete when ZIP code is "Not Recorded / Not Known"
- Used to calculate FIPS code

#### **Data Source**

- ED Admission Form
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D 03 from the 2016 National Trauma Data Standard

#### PATIENT'S ALTERNATE RESIDENCE\*

Data Format [combo] single-choice

#### **Definition**

Documentation of the type of patient without a home zip code.

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) HomeResidence		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Homeless

2 Undocumented Citizen

3 Migrant Worker

Foreign Visitor (RETIRED 2016)

#### **Additional Information**

- Only complete when ZIP code is "Not Applicable"
- Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters
- Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission
- Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country

#### **Data Source**

- Billing Sheet / Medical Records Coding Summary Sheet
- ED Admission Form
- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Face Sheet

#### **National Element**

National Element D 06 from the 2016 National Trauma Data Standard

## PRIMARY METHOD OF PAYMENT\*

Data Format [combo] single-choice

#### **Definition**

Primary source of payment for hospital care.

XSD Data Type	xs: string		XSD Element / Domain (S	imple Type)	PrimaryMethodPayment
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, com	nmon null values
Required in XSD	Yes				

#### **Field Values**

- 1 Medicaid
- 2 Not Billed (for any reason)
- 3 Self Pay
- 4 Private / Commercial Insurance
- 5 (No Fault) Automobile (Retired 2015)
- 6 Medicare
- 7 Other Government
- 8 Workers Compensation (Retired 2015)
- 9 Blue Cross / Blue Shield (Retired 2015)
- 8 Other

#### Additional Information

No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be captured

as Private/Commercial Insurance

#### **Data Source**

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form
- Face Sheet

#### **National Element**

National Element F\_01 from the 2016 National Trauma Data Standard

## **OTHER BILLING SOURCE**

Data Format [text]

#### **Definition**

Other billing source that is not specific in the Primary Method of Payment drop-down menu.

XSD Data Type Multiple Entry	xs: string		XSD Element / Domain (Simp	ole Type)	otherBillingInfo
Configuration		No	Accepts Null Value	Yes, com	mon null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

# Additional Information

• Only completed if Primary Method of Payment is "Other"

- · Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form
- Face Sheet

## **REIMBURSED CHARGES**

Data Format [number]

## **Definition**

The amount the hospital was reimbursed for services.

			XSD Element / Domain (Simple	
XSD Data Type	xs: string		Type)	reimbursedcharges
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

· Relevant value for data element

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form

## **SECONDARY METHOD OF PAYMENT**

Data Format [combo] single-choice

## **Definition**

Any known secondary source of finance expected to assist in payment of medical bills.

XSD Data Type	xs: string		XSD Element / Domain (Simple	Туре)	secondarybillinginfo
Multiple Entry C	onfiguration	No	Accepts Null Value	Yes, comm	non null values
Required in					
XSD	Yes				

## **Field Values**

1	Medicare Supp	7	Private / Commercial Insurance
2	Managed Care	8	Workers Compensation
3	No Fault Automobile	9	Other
4	Not Billed (for any reason)	10	Self Pay
5	Medicare	11	Other Government
6	Medicaid		

- · Billing Sheet / Medical Records Coding Summary Sheet
- · Hospital Admission Form
- Face Sheet

## SECONDARY OTHER BILLING SOURCE

Data Format [text]

#### **Definition**

Secondary other billing source that is not specific in the Secondary Method of Payment drop-down menu.

XSD Data Type Multiple Entry	xs: string		XSD Element / Domain (Simple Type)	secondaryotherBillingInfo
Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

# Additional Information

• Only completed if Primary Method of Payment is "Other"

- · Billing Sheet / Medical Records Coding Summary Sheet
- · Hospital Admission Form
- Face Sheet

## THIRD METHOD OF PAYMENT

Data Format [combo] single-choice

#### **Definition**

Any known third source of finance expected to assist in payment of medical bills.

XSD Data Type	xs: string		XSD Element / Domain (	(Simple Type)	ThirdBillingInfo
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	n null values
Required in XSD	Yes				

#### **Field Values**

- 1 Medicare Supp
- 2 Managed Care
- 3 No Fault Automobile
- 4 Not Billed (for any reason)
- 5 Medicare
- 6 Medicaid

- 7 Private / Commercial Insurance
- 8 Workers Compensation
- 9 Other
- 10 Self Pay
  - 11 Other Government

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form
- Face Sheet

## THIRD OTHER BILLING SOURCE

**Data Format** [text]

#### **Definition**

Third other billing source that is not specific in the Third Method of Payment drop-down menu

XSD Type xs: string			XSD Element / Domain (Simple Type)		
Multiple Entry Configuration		No	Accepts Null Value Yes, common null values		
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

Only completed if Third Method of Payment is "Other"

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form
- Face Sheet

## **BILLED HOSPITAL CHARGES**

Data Format [number]

#### **Definition**

The total amount the hospital charged for the patient's care.

	XSD Element / Domain (Simple					
XSD Data Type	xs: string		Type)	BillingCharges		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

## **Field Values**

· Relevant value for data element

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form

## Work Related

## Data Format [number]

## **Definition**

Indication of whether the injury occurred during paid employment.

XS:			XSD Element / Domain (Simple		
XSD Data Type Multiple Entry	string		Туре)	WorkRelated	
Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

- Billing Sheet / Medical Records Coding Summary Sheet
- · Hospital Admission Form

Injury Information

# ICD-9 LOCATION E-CODE\* Data Format [number]

#### **Definition**

Place of occurrence external cause code used to describe the place/site/location of the injury event (E 849.X)

XSD Data Type	xs: string		XSD Element / Domai	n (Simple Type)	LocationEcode
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint	: 9

#### **Field Values**

Relevant ICD-9-CM code value for injury location

0 Home
1 Farm
2 Mine
3 Industry
6 Public Building
7 Residential Institution
8 Other
9 Unspecified

4 Recreation

5 Street

#### **Additional Information**

ICD-9-CM Codes will be accepted for ICD-9 Location E-Code

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical
- · Progress Notes

#### **National Element**

National Element I 08 from the 2016 National Trauma Data Standard

# INCIDENT LOCATION ZIP/Postal CODE\*

**Data Format** [text]

#### **Definition**

The ZIP/Postal code of the incident location

XSD Data Type xs: string		XSD Element / Domain	InjuryZip		
Multiple Entry Configuration		No	Accepts Null Value Yes, common null		ull values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

#### **Additional Information**

Stored as a 5 or 9 digit code for US and CA or can be stored in the postal

- code format of the applicable country
- When completed with Country, the city, county, and state auto-calculate
- If "Not Applicable", or "Not Recorded / Not Known" complete variables: Incident State, Incident County, Incident City and Incident Country.
- May require adherence to HIPAA regulations
   If ZIP code is left blank, Incident City, County, & State defaults to "Not
- Applicable"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### **National Element**

• National Element I\_12 from the 2016 National Trauma Data Standard

## **INCIDENT COUNTRY\***

Data Format [combo] single-choice

#### **Definition**

The country where the patient was found or to which the unit responded (or best approximation)

XSD Data Type	xs: string		XSD Element / Domain (	(Simple Type)	IncidentCountry
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Only complete when Incident Location Zip Code is "Not Applicable" or "Not Recorded / Not Known"
- When completed with Zip Code, the city, county, and state auto-calculate

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### **National Element**

National Element I\_13 from the 2016 National Trauma Data Standard

## **INCIDENT CITY\***

Data Format [combo] single-choice

#### **Definition**

The city or township where the patient was found or to which the unit responded (or best approximation)

XSD Data Type	xs: string		XSD Element / Domain (	Simple Type)	IncidentCity
Multiple Entry Configuration		No	Accepts Null Value Yes, common null		null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element (five digit FIPS code)

#### **Additional Information**

- Only complete when Incident Location Zip Code is "Not Applicable", or "Not Recorded / Not Known"
- Auto-Calculated if ZIP code and Country are completed
- Used to calculate FIPS code
- If incident location resides outside of formal city boundaries, report nearest city/town

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### **National Element**

National Element I 16 from the 2016 National Trauma Data Standard

#### **INCIDENT COUNTY\***

Data Format [combo] single-choice

#### **Definition**

The county or parish where the patient was found or to which the unit responded (or best approximation)

XSD Data Type	xs: string		XSD Element / Domain (	(Simple Type)	IncidentCounty
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	n null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element (three digit FIPS code)

#### **Additional Information**

- Only complete when Incident Location Zip Code is "Not Applicable", or "Not Recorded / Not Known"
- Auto-Calculated if ZIP code and Country are completed
- Used to calculate FIPS code

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### **National Element**

National Element I\_15 from the 2016 National Trauma Data Standard

## INCIDENT STATE\*

Data Format [number]

#### **Definition**

The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

XSD Data Type	xs: string		XSD Element / Domain	(Simple Type)	IncidentState
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common null values	
Required in XSD	Yes				

## **Field Values**

• Relevant value for data element (two digit FIPS code)

#### **Additional Information**

- Only complete when Incident Location Zip Code is "Not Applicable", or "Not Recorded / Not Known"
- Auto-Calculated if ZIP code and Country are completed
- Only complete when Incident Location Zip Code is "Not Applicable", or "Not Recorded / Not Known"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### **National Element**

National Element I 06 from the 2016 National Trauma Data Standard

## **ICD-10 LOCATION E-CODE\***

Data

Format [number]

#### **Definition**

Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92.x)

			XSD Element / Domain (Simple			
XSD Data Type	xs: string		Туре)	icd_location_id		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in						
XSD	Yes					

## Field

Values

Relevant ICD-10-CM code value for injury location

# Additional Information

• Only ICD-10-CM codes will be accepted for ICD-10 Location E-Code

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical
- Progress Notes

#### **National Element**

National Element I\_09 from the 2016 National Trauma Data Standard

## (Complaint) Supplemental Cause of Injury

Data Format [combo] single-choice

## **Definition**

The event that occurred to cause injury to the patient.

XSD Data Type	xs: integer		XSD Element / Domain (Simple	Type)	SupplementalCauseofinjury
Multiple Entry Configuration		No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### **Field Values**

ıu ı	aiaco				
1	Accident	21	Hanging		
2	Aircraft	22	Heat Related		
3	All-Terrain Vehicle	23	Industrial Incident		
4	Assault	24	Injured by Animal		
5	Bicycle Crash	25	Jet Ski		
6	Boating	26	Lightning		
7	Burn	27	Motor Pedestrian Crash		
8	Child Abuse	28	Motor Vehicle Crash		
9	Cut/Pierce	29	Motorcycle Crash		
10	Dirt Bike	30	Police		
11	Diving	31	Rape		
12	Domestic Abuse	32	Recreational		
13	Drowning	33	Rollerblading		
14	Electrical Injury	34	Rollerskating		
15	Fall	35	Scooter		
16	Farm/Heavy	36	Skateboarding	42	Stab Wound
	Equipment/Machine	37	Skydiving	43	Struck By / Against
17	Fire	38	Sledding		Otrack by / Against
18	Fireworks Related	39	Snowboarding	44	Tornado
19	Frostbite	40	Snowmobile	45	Train
20	Gunshot Wound	41	Sport Related	46	Waterskiing

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation

## **INJURY DESCRIPTION**

**Data Format** [text]

#### Definition

The description of the injury. This can be any supporting or supplemental data about the injury, other circumstances, etc.

XSD Data Type	xs: string		XSD Element / Domai Accepts Null	in (Simple Type)	InjuryDescription
Multiple Entry Configuration N		No	Value	Yes, commo	n null values
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

#### **Additional Information**

• The Injury Description field now allows up to 2,000 characters

- EMS Run Sheet
- History & Physical Documentation
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### **ICD-9 PRIMARY E-CODE\***

**Data Format** [number]

#### **Definition**

External cause code used to describe the mechanism (or external factor) that caused the injury event

XSD Data Type	xs: string		XSD Element / Domain (Simple Type) Prin		PrimaryEcode
Multiple Entry Configuration		No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes				

#### **Field Values**

Relevant ICD-9-CM code value for injury event

#### **Additional Information**

- The Primary external cause code (E-Code) should describe the main reason a patient is admitted to the hospital
- E-codes are used to auto-generate two calculated fields: Trauma Type: (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix)
- ICD-9-CM Codes will be accepted for this data element. Activity codes should not be reported in this field.

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- · ED Nurses' Notes
- Other ED Documentation
- History & Physical
- Progress Notes

#### **National Element**

National Element I 06 from the 2016 National Trauma Data Standard

#### **ICD-9 ADDITIONAL E-CODE\***

Data Format [number]

#### **Definition**

Additional external cause code used in conjunction with the primary E-Code if multiple external cause codes are required to describe the injury event

XSD Data Type	xs: string		XSD Element / Domain	(Simple Type)	AdditionalECode
Multiple Entry Configuration		No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes				

## **Field Values**

Relevant ICD-9-CM code value for injury event

#### **Additional Information**

- External cause codes (E-Codes) are used to auto-generate two calculated fields: Trauma Type (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix)
- Only ICD-9-CM Codes will be accepted for additional ICD-9 E-Code.
- Activity codes should not be reported in this field.
- Refer to Appendix 3: National Glossary of Terms for multiple cause coding hierarchy

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation History & Physical
- Progress Notes

#### **National Element**

National Element I\_11 from the 2016 National Trauma Data Standard

#### **ICD-10 PRIMARY E-CODE\***

Data Format [number]

#### **Definition**

External cause code used to describe the mechanism (or external factor) that caused the injury event.

			XSD Element / Domain (Simple			
XSD Data Type	xs: string		Type)	PrimaryECodelcd10		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

Relevant ICD-10-CM code value for injury event

#### **Additional Information**

- The Primary external cause code (E-Code) should describe the main reason a patient is admitted to the hospital
- E-codes are used to auto-generate two calculated fields: Trauma Type: (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix)
- ICD-10-CM Codes will be accepted for this data element. Activity codes should not be reported in this field.

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical
- Progress Notes

#### **National Element**

National Element I\_07 from the 2016 National Trauma Data Standard

#### **ICD-10 ADDITIONAL E-CODE**

Data Format [number]

#### **Definition**

Additional external cause code used in conjuction with the primary E-Code if multiple external cause codes are required to describe the injury event

XSD Data Type	xs: string		XSD Element / Domain (Simple	Type) AdditionalECodelcd10
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

Relevant ICD-10-CM code value for injury event

#### **Additional Information**

- External cause codes (E-Codes) are used to auto-generate two calculated fields: Trauma Type (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix)
- Only ICD-10-CM codes will be accepted for ICD-10 Additional External Cause Code.
- Activity codes should not be reported in this field.
- Refer to Appendix 3: National Glossary of Terms for multiple cause coding hierarchy

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- · ED Nurses' Notes
- Other ED Documentation
- History & Physical
- Progress Notes

#### **National Element**

• National Element I\_11 from the 2016 National Trauma Data Standard

TR 20.11

## **ICD-10 INTENTIONALITY**

**Data Format** [number]

## **Definition**

Intentionality.

XSD Data Type	xs: integer		XSD Element / Domain (S	Intentionality	
Multiple Entry Configuration		No	Accepts Null Value Yes, common nu		on null values
Required in XSD	Yes				

## **Field Values**

• Relevant ICD-10-CM code value for intentionality.

1 Assault 4 Undetermined 2 Other 5 Unintentional

3 Self-Inflicted

TR 5.13

## **ICD-10 TRAUMA TYPE**

## Data Format [number]

## **Definition**

Type of Injury.

XSD Data Type Multiple Entry	xs: integer		XSD Element / Domain (S	imple Type)	TraumaType
Configuration		No	Accepts Null Value	Yes, comn	non null values
Required in XSD	Yes				

## **Field Values**

• Relevant ICD-10-CM code value for intentionality.

1 Blunt 4 Penetrating

2 Burn3 Other

#### **REPORT OF PHYSICAL ABUSE\***

Data Format [combo] single-choice

#### **Definition**

A report of suspected physical abuse was made to law enforcement and/or protective services.

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) Abuse		AbuseReport
Multiple Entry Configuration		No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

• This includes, but is not limited to, a report of child, elder, spouse, or intimate partner physical abuse

#### **Data Source**

- EMS Run Sheet
- ED Records
- H&P
- Nursing Notes
- Case Manager / Social Services' Notes
- Physician Discharge Summary
- Progress Notes
- History & Physical

#### **National Element**

National Element I\_20 from the 2016 National Trauma Data Standard

#### **INVESTIGATION OF PHYSICAL ABUSE\***

Data Format [combo] single-choice

#### **Definition**

An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.

			XSD Element / Domain (Simple		
XSD Data Type xs: integer		Type)	AbuseInvestigation		
Multiple Entry Confi	Multiple Entry Configuration		Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- This includes, but is not limited to, a report of child, elder, spouse, or intimate partner physical abuse
- Only complete when Report of Physical Abuse is "Yes"
- The null value "Not Applicable" should be used for patient where Report of Physical Abuse is "No"

#### **Data Source**

- EMS Run Sheet
- ED Records
- Case Manager / Social Services' Notes
- H&P
- Nursing Notes
- Physician Discharge Summary
- Progress Notes
- · History & Physical

#### **National Element**

National Element I\_21 from the 2016 National Trauma Data Standard

#### **CAREGIVER AT DISCHARGE\***

Data Format [combo] single-choice

## **Definition**

The patient was discharged to a caregiver different than the caregiver at admission due to suspected physical abuse

			XSD Element / Domain (Simple		
XSD Data Type	xs: integer		Туре)	CaregiverAtDischarge	
Multiple Entry Configuration No		No	<b>Accepts Null Value</b>	Yes, common null values	
Required in XSD	Yes				

## **Field Values**

1 Yes 2 No

#### Additional Information

- Only complete when Report of Physical Abuse is "Yes"
- Only complete for minors as determined by state/local definition, excluding emancipated minors
- The null value "Not Applicable" should be used for patient where Report of Physical Abuse is "No" or where older than the state/local age definition of a minor
- The null value "Not Applicable" should be used if the patient expires prior to discharge.

#### **Data Source**

- Case Manager / Social Services' Notes
- Physician Discharge Summary
- Nursing Notes
- · Progress Notes

#### **National Element**

National Element I\_22 from the 2016 National Trauma Data Standard

TR 29.3

#### **AIRBAG PRESENT\***

Data Format [combo] single-choice

#### **Definition**

Airbag in use by the patient at the time of the injury

XSD Data Type xs: inte	eger	XSD Element / Domain	n (Simple Type) ProtectiveDevice
Multiple Entry Configuration No		Accepts Null Value	Yes, common null values
Required in XSD Yes	i		

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of safety equipment may be reported or observed
- If airbag is present, complete variables: Airbag not deployed, airbag deployed side, airbag deployed front, airbag deployed other

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- · History & Physical

#### **National Element**

National Element I\_17 from the 2016 National Trauma Data Standard

# **AIRBAG NOT DEPLOYED\***

Data Format [combo] single-choice

#### **Definition**

Indication of no airbag deployment during a motor vehicle crash.

	XSD Element / Domain (Simple					
XSD Data Type	xs: integer		Type)	AirbagDeployment		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

1 Yes 2 No

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **Additional Information**

- Only completed when 'Airbag Present' is marked "Yes"
- · Evidence of the use of airbag deployment may be reported or observed

#### **National Element**

TR 29.19

#### National Element

# **AIRBAG DEPLOYED SIDE\***

Data Format [combo] single-choice

#### **Definition**

Indication of airbag deployment on either side of the vehicle during a motor vehicle crash.

XSD Element / Domain (Simple						
XSD Data Type xs: integer			Type)	AirbagDeployment		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of airbag deployment may be reported or observed
- Only completed when 'Airbag Present' is marked "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

### AIRBAG DEPLOYED FRONT\*

Data Format [combo] single-choice

#### **Definition**

Indication of airbag deployment in the front of the vehicle during a motor vehicle crash.

			XSD Element / Domain (Simple				
XSD Data Type	xs: integer		Type)	AirbagDeployment			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values			
Required in XSD	Yes						

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- "Airbag Deployed Front" should be used for patients with documented airbag deployments, but are not further specified
- Evidence of the use of airbag deployment may be reported or observed
- Only completed when 'Airbag Present' is marked "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

### AIRBAG DEPLOYED OTHER\*

Data Format [combo] single-choice

#### **Definition**

Indication of airbag deployment of the knee, airbelt, curtain, etc. during a motor vehicle crash.

			XSD Element / Domain (Simple				
XSD Data Type	xs: integer		Type)	AirbagDeployment			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values			
Required in XSD	Yes						

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of airbag deployment may be reported or observed
- Only completed when 'Airbag Present' is marked "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

# **CHILD RESTRAINT\***

Data Format [combo] single-choice

#### **Definition**

Protective child restraint devices used by patient at the time of injury.

XSD Data Type	xs: integer		XSD Element / Domain (Sin	mple Type)	ProtectiveDevice
Multiple Entry Configuration No		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- Evidence of the use of safety equipment may be reported or observed
- If child restraint is present, complete variables: Infant car seat, child car seat, child booster seat

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- · History & Physical

#### **National Element**

# **INFANT CAR SEAT\***

Data Format [combo] single-choice

#### **Definition**

Infant Car Seat in use by the patient at the time of the injury.

		XSD Element / Domain (Simple				
XSD Data Type	xs: integer Type) ChildSpecificRe					
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- Evidence of the use of child restraint may be reported or observed
- Only completed when 'Child Restraint' is marked "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

# **CHILD CAR SEAT\***

Data Format [combo] single-choice

#### **Definition**

Child Car Seat in use by the patient at the time of injury.

		XSD Element / Domain (Simple				
XSD Data Type	xs: integer	: integer Type) ChildSpecificRes				
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of child restraint may be reported or observed
- Only completed when 'Child Restraint' is marked "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- · Other ED Documentation
- History & Physical

#### **National Element**

# **CHILD BOOSTER SEAT\***

Data Format [combo] single-choice

#### **Definition**

Child Booster Seat in use by the patient at the time of injury.

		XSD Element / Domain (Simple				
XSD Data Type	xs: integer	: integer Type) ChildSpecificRes				
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of child restraint may be reported or observed
- Only completed when 'Child Restraint' is marked "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- · Other ED Documentation
- History & Physical

#### **National Element**

TR 29.23

National & State Element

# **THREE POINT RESTRAINT\***

Data Format [combo] single-choice

#### **Definition**

Three Point Restraint in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of safety equipment may be reported or observed
- If documentation indicates "Three Point Restraint", "Lap Belt" and "Shoulder Belt" are automatically selected, as well

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- · ED Nurses' Notes
- Other ED Documentation
- History & Physical

## **National Element**

#### **LAP BELT\***

Data Format [combo] single-choice

#### **Definition**

Lap Belt in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (Si	mple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of safety equipment may be reported or observed
- Lap Belt should be used to include those patients that are restrained, but not further specified
- If documentation indicates "Three Point Restraint", "Lap Belt" and "Shoulder Belt" are automatically selected, as well

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

# **SHOULDER BELT\***

Data Format [combo] single-choice

#### **Definition**

Shoulder Belt in use or worn by the patient at the time of the injury.

XSD Data Type xs: integer			XSD Element / Domain (	ProtectiveDevice	
Multiple Entry Configuration		No	Accepts Null Value Yes, common r		non null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- · Evidence of the use of safety equipment may be reported or observed
- If documentation indicates "Three Point Restraint", "Lap Belt" and "Shoulder Belt" are automatically selected, as well

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- · ED Nurses' Notes
- Other ED Documentation
- History & Physical

## **National Element**

# PERSONAL FLOATATION\*

Data Format [combo] single-choice

#### **Definition**

Personal Floatation Device in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (	ProtectiveDevice	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

## **Additional Information**

• Evidence of the use of safety equipment may be reported or observed

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- · History & Physical

#### **National Element**

# **EYE PROTECTION\***

Data Format [combo] single-choice

#### **Definition**

Eye Protection in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (S	Simple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, comm	on null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

• Evidence of the use of safety equipment may be reported or observed

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

TR 29.2

National & State Element

#### **HELMET\***

Data Format [combo] single-choice

#### **Definition**

Helmet (e.g., bicycle, skiing, motorcycle) in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, comm	non null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

Evidence of the use of safety equipment may be reported or observed

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

# **PROTECTIVE CLOTHING\***

Data Format [combo] single-choice

#### **Definition**

Protective clothing (e.g., padded leather pants) in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, comm	on null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

## **Additional Information**

• Evidence of the use of safety equipment may be reported or observed

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- · History & Physical

#### **National Element**

#### PROTECTIVE NON-CLOTHING GEAR\*

Data Format [combo] single-choice

#### **Definition**

Protective non-clothing gear (e.g., shin guard) in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, comm	on null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

## **Additional Information**

• Evidence of the use of safety equipment may be reported or observed

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- · History & Physical

#### **National Element**

TR 29.9

# **OTHER\***

Data Format [combo] single-choice

#### **Definition**

Other protective equipment in use or worn by the patient at the time of the injury.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	ProtectiveDevice
Multiple Entry Configuration		No	Accepts Null Value	Yes, comm	on null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

- Evidence of the use of safety equipment may be reported or observed
- If "Yes" is selected, please describe in the box labeled "Safety Description"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- History & Physical

#### **National Element**

# **SAFETY (Equipment) DESCRIPTION**

**Data Format** [text]

#### **Definition**

Other protective equipment in use or worn by the patient at the time of the injury

Multiple Entry Configuration No Accepts Null Value Yes, common null values

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Evidence of the use of safety equipment may be reported or observed
- Only completed if Other is "Yes"

#### **Data Source**

- EMS Run Sheet
- Triage Form/Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation

#### Uses

• Used to better define injury causes and characterize injury patterns

Pre-Hospital Information

# **ARRIVED FROM**

Data Format [combo] single-choice

#### **Definition**

Location the patient arrived from.

XSD Data Type	xs: integer	XSE	Element / Domain (Simple Ty	<b>pe)</b> TransferFromType	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1 Clinic / MD Office
2 Home
3 Referring Hospital

3 Jail 6 Scene

#### **Additional Information**

• Used to auto-generate an additional calculated field: Inter-Facility Transfer (patient transferred from another acute care facility to your facility)

- EMS Run Sheet
- 911 or Dispatch Center
- Other ED Documentation

# TRANSPORTED TO YOUR FACILITY BY (EMS Transport Party)\*

Data Format [combo] single-choice

#### **Definition**

The mode of transport delivering the patient to your hospital.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	TransportMode
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	on null values
Required in XSD	Yes				

# **Field Values**

1 Advanced Life Support (ALS)
2 Basic Life Support (BLS)
3 Helicopter Ambulance
4 Private/Public Vehicle/Walk-In
5 Police
6 Other

#### **Data Source**

- EMS Run Sheet
- 911 or Dispatch Center

#### **Additional Information**

 Used to auto-generate an additional calculated field: Inter-Facility Transfer (patient transferred from another acute care facility to your facility)

#### **National Element**

# MASS CASUALTY INCIDENT

Data Format [combo] single-choice

# **Definition**

Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).

XSD Data Type	xs: integer		XSD Element / Domain (Simple	Type)	MassCasualtyIncident
Multiple Entry Configuration		No	Accepts Null Value	Yes, com	mon null values
Required in XSD	Yes				

#### **Field Values**

1 No 2 Yes

- EMS Run Sheet
- Trauma Flow Sheet
- 911 or Dispatch Center
- Other ED Documentation

# **PREGNANCY**

Data Format [combo] single-choice

# **Definition**

Indication of the possibility that the patient is currently pregnant.

XSD Data Type	xs: integer		XSD Element / Domain	Pregnancy	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

# **Field Values**

1 No 2 Yes

- EMS Run Sheet
- 911 or Dispatch Center
- Other ED Documentation

# **Estimated Body Weight**

Data Format [combo] single-choice

# **Definition**

Measured or estimated baseline weight (in kilograms).

	xs:				
XSD Data Type	string		XSD Element / Domain (	(Simple Type)	Weight
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common	null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

- EMS Run Sheet
- 911 or Dispatch Center
- Other ED Documentation

# LAW ENFORCEMENT / CRASH REPORT NUMBER

Data Format [text]

#### **Definition**

The unique number associated with the law enforcement or crash report.

	xs:		XSD Element / Domain (Simple	
XSD Data Type	string		Type)	LawEnforcementCrashReportNumber
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

· Relevant value for data element

- EMS Run Sheet
- Other ED Documentation

# **VEHICULAR INJURY INDICATORS**

Data Format [combo] single-choice

#### **Definition**

The kind of risk factor predictors associated with the vehicle involved in the incident.

XSD Data Type	xs: integer		XSD Element / Domain (	Simple Type)	VehicleInjury
Multiple Entry Configuration		No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes				

#### **Field Values**

- 1 Dash Deformity
- 2 DOA Same Vehicle
- 3 Ejection
- 4 Fire
- 5 Rollover / Roof Deformity
- 6 Side Post Deformity
- 7 Space Intrusion > 1 Foot
- 8 Steering Wheel Deformity
- 9 Windshield Spider / Star

- EMS Run Sheet
- Other ED Documentation

# **AREA OF THE VEHICLE IMPACTED (by the Collision)**

Data Format [combo] single-choice

# **Definition**

The area or location of initial impact on the vehicle involved in the incident.

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	VehicleImpact
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

# **Field Values**

1	Center Front	5	Left Side	9	Roll Over
2	Center Rear	6	Right Front		
3	Left Front	7	Right Rear		
4	Left Rear	8	Right Side		

- EMS Run Sheet
- Other ED Documentation

# **SEAT ROW LOCATION (of Patient in Vehicle)**

Data Format [number]

# **Definition**

The seat row location of the patient in vehicle at the time of the crash with the front seat numbered as 1.

XSD Data Type	xs: string		XSD Element / Domain (Sir	mple Type)	SeatRowLocation
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

- EMS Run Sheet
- · Other ED Documentation

# **POSITION OF PATIENT (in the seat of the vehicle)**

Data Format [combo] single-choice

# **Definition**

The seat position of the patient in the vehicle at the time of the crash.

XSD Data Type	xs: integer		XSD Element / Domain (S	Simple Type)	PositionPatientSeat
Multiple Entry Configuration		No	Accepts Null Value	Yes, com	mon null values
Required in XSD	Yes				

# **Field Values**

1 Driver 3 Middle 5 Right

2 Left (Non-driver) 4 Other

- EMS Run Sheet
- · Other ED Documentation

# **HEIGHT OF FALL**

Data Format [number]

# **Definition**

The distance in feet the patient fell, measured from the lowest point to the ground.

XSD Data Type	xs: string		XSD Element / Domain	(Simple Type)	HeightofFall
Multiple Entry Configuration N		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

- EMS Run Sheet
- Other ED Documentation

TR17.47

National & State Element

# VEHICULAR, PEDESTRIAN, OTHER RISK INJURY\*

Data

Format [combo] multi-choice

#### **Definition**

EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS run sheet.

XSD Data			XSD Element / Do	omain (Simple
Туре	xs: integer		Type)	VehicularPedestrianOther
Multiple Entry			Accepts Null	
Configuration		Yes	Value	Yes, common null values
Required in				
XSD	Yes			

# Field

#### **Values**

- 1 Fall adults: > 20 ft. (one story is equal to 10 ft.)
- 2 Fall children: > 10 ft. or 2-3 times the height of the child
- 3 Crash intrusion, including roof: > 12 in. occupant site; > 18 in. any site
- 4 Crash ejection (partial or complete) from vehicle
- 5 Crash death in same passenger compartment
- 6 Crash vehicle telemetry data (AACN) consistent with high risk injury
- 7 Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact
- 8 Motorcycle crash > 20 mph
- 9 For adults > 65; SBP < 110
- 10 Patients on the anitcoagulants and bleeding disorders
- 11 Pregnancy > 20 weeks
- 12 EMS provider judgment
- 13 Burns
- 14 Burns with Trauma

#### Additional

#### Information

- The null value "Not Applicable" should be used to indicate that the patient did not arrive by EMS.
- The null value "Not Applicable" should be used if the EMS Run Sheet indicates patient did not meet any Vehicular, Pedestrian, Other Risk Injury criteria

- The null value "Not Known/Not Recorded" should be used if this information is not indicated on, as an identical response choice the EMS Run Sheet or if the EMS Run Sheet is not available.
- Check all that apply

# **Data Source**

• EMS Run Sheet

# **National Element**

# **BARRIERS TO PATIENT CARE**

Data Format [combo] multiple-choice

# **Definition**

Indication of whether or not there were any patient specific barriers to serving the patient at the scene.

XSD Data Type xs: integer		XSD Element /	Domain (Simple Type)	BarrierPatientCare		
Multiple Entry Configuration	n	Yes	<b>Accepts Null Value</b>	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

Developmentally

1 Impaired 5 None

Unattended or

Physically Unsupervised
2 Impaired 6 (including minors)

Physical

3 Speech Impaired 7 Restraint

. Hearing

4 Impaired 8 Unconscious

- EMS Run Sheet
- Other ED Documentation

# **EMS RUN NUMBER**

Data Format [text]

# **Definition**

The run number assigned and entered on the run sheet of the primary emergency service, specific to the individual run/patient.

XSD Data Type	xs: string		Element / Domain (Simple Type)	EMS_Incident_Number
Multiple Entry Config	uration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

- EMS Run Sheet
- · Other ED Documentation

TR9.11

# EMS Patient Care Report (PCR) Number Data Format [text]

# **Definition**

The run number assigned and entered on the run sheet of the primary emergency service, specific to the individual run/patient

XSD Data Type	xs: string		Element / Domain (Simple T	Гуре)	PCR_Number
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, com	mon null values
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

- EMS Run Sheet
- · Other ED Documentation

# NAME OF EMS SERVICE

Data Format [combo] single-choice

# **Definition**

The name of the EMS service that transferred the patient.

XSD Data Type	xs: string		Element / Domain (Simple Ty	ype)	ServiceNumber
Multiple Entry Confi	guration	No	Accepts Null Value	Yes,	, common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

- EMS Run Sheet
- Other ED Documentation

# EMS DISPATCH DATE\*

# Data Format [date]

# **Definition**

The date the unit *transporting to your hospital* was notified by dispatch

- For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport.
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched.

XSD Data Type	xs: date		XSD Element / Domain (S	imple Type)	EMSNotifyDate
Multiple Entry Config	guration	No	Accepts Null Value	Yes, commo	n null values
Required in XSD	Yes		Min. Constraint: 1990	Max.	Constraint: 2030

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as MM/DD/YYYY
- Used to auto-generate an additional calculated field: Total EMS Time (elapsed time from EMS dispatch to hospital arrival)

#### **Data Source**

- EMS Run Sheet
- 911 or Dispatch Center

#### **National Element**

National Element P\_01 from the 2016 National Trauma Data Standard

# EMS DISPATCH TIME\* Data Format [time]

#### **Definition**

The time the unit <u>transporting to your hospital</u> was notified by dispatch

- For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility was notified by dispatch.
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene was dispatched.

XSD Data Type	xs: time		XSD Element / Domain (S	imple Type)	<i>EMSNotifyTime</i>
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	on null values
Required in XSD	Yes		Min. Constraint: 00:00	Max. (	Constraint: 23:59

# **Field Values**

Relevant value for data element

#### **Additional Information**

- · Collected as HHMM
- HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total EMS Time (elapsed time from EMS dispatch to hospital arrival)

#### **Data Source**

- EMS Run Sheet
- 911 or Dispatch Center

#### **National Element**

National Element P\_02 from the 2016 National Trauma Data Standard

# (EMS Unit) ARRIVAL TIME AT SCENE\* Data Format [time]

#### **Definition**

The time the unit <u>transporting to your hospital</u> arrived on the scene / transferring facility

- For inter facility transfer patients, this is the time at which the unit transporting
  the patient to your facility from the transferring facility arrived at the transferring
  facility (arrival is defined as date/time when the vehicle stopped moving)
- For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined as date/time when the vehicle stopped moving)

XSD Data Type	xs: time		XSD Element / Domain (S	imple Type)	EMSArrivalTime
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 00:00	Max.	Constraint: 23:59

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- · Collected as HHMM
- Scene may be defined as "initial hospital" for inter-facility transfers
- HHMM should be collected as military time
- Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) & Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure)

#### **Data Source**

- EMS Run Sheet
- 911 or Dispatch Center

#### **National Element**

National Element P 04 from the 2016 National Trauma Data Standard

# (EMS Unit) SCENE DEPARTURE TIME\*

Data Format [time]

#### **Definition**

The time the unit *transporting to your hospital* left the scene.

- For inter facility transfer patients, this is the time at which the unit transporting
  the patient to your facility from the transferring facility departed from the
  transferring facility (departure is defined as date/time when the vehicle started
  moving).
- For patients transported from the scene of injury to your hospital, this is the time
  at which the unit transporting the patient to your facility from the scene departed
  from the scene (departure is defined as date/time when the vehicle started
  moving).

XSD Data Type	xs: time		XSD Element / Domain (S	imple Type)	<i>EMSLeftTime</i>
Multiple Entry Config	juration	No	Accepts Null Value	Yes, commor	null values
Required in XSD	Yes		Min. Constraint: 00:00	Max. Co	onstraint: 23:59

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as HHMM
- Scene may be defined as "initial hospital" for inter-facility transfers
- HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure)

#### **Data Source**

- EMS Run Sheet
- 911 or Dispatch Center

#### **National Element**

National Element P\_06 from the 2016 National Trauma Data Standard

TR 9.4

# **UNIT ARRIVED HOSPITAL TIME**

**Data Format** [time]

# **Definition**

The time the EMS Agency arrived with the patient at the destination of EMS transport.

XSD Data Type	xs: string		Element / Domain (Simple Type)	TimeUnitAtDestination
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as HH:MM
- Scene may be defined as "initial hospital" for inter-facility transfers
- HH:MM should be collected as military time

- EMS Run Sheet
- 911 or Dispatch Center

# Triage Destination Protocol Data Format [time]

# **Definition**

Indicates whether the out of hospital triage destination protocol was used to determine patient needed resources of this trauma care facility.

	xs:			
XSD Data Type	string		Element / Domain (Simple Type)	TimeUnitAtDestination
Multiple Entry			Yes, common nul	I
Configuration		No	Accepts Null Value values	
Required in				
XSD	Yes			

#### **Field Values**

· Relevant value for data element

# Additional Information

- Collected as HH:MM
- Scene may be defined as "initial hospital" for inter-facility transfers
- HH:MM should be collected as military time

- EMS Run Sheet
- 911 or Dispatch Center

# Triage Criteria Data Format [time]

# **Definition**

Indicates criterion (a) used to triage patient criteria that may be selected are those in the adult out of hospital trauma triage criteria decision protocol of the EMS Bureau of the IDPH up to 20 criteria may be chosen (if EMS run sheet unavailable, give best estimate of circumstances of injury).

XSD Data Type Multiple Entry	xs: string	Element / Domain (Simple Type) Yes, common null	TriageRationale
Configuration	No	values	
Required in XSD	Yes		

#### **Field Values**

· Relevant value for data element

# Additional Information

- Collected as HH:MM
- Scene may be defined as "initial hospital" for inter-facility transfers
- HH:MM should be collected as military time

- EMS Run Sheet
- 911 or Dispatch Center

#### TRANSPORT MODE\*

Data Format [combo] single-choice

#### **Definition**

The mode of transport delivering the patient to your hospital

XSD Data Type	xs: integer		XSD Element / Domain (	(Simple Type)	TransportMode
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	n null values
Required in XSD	Yes				

#### **Field Values**

1 Ground Ambulance 4 Private/Public Vehicle/Walk-In

2 Helicopter Ambulance3 Fixed Wing Ambulance6 Other

#### **Additional Information**

- Include in "Other" unspecified modes of transport
   The null value "Not Applicable" is used to indicate that a patient had a single
   mode of transport and therefor this field does not apply to the patient.
- Check all that apply with a maximum of 5

#### **Data Source**

- EMS Run Sheet
- 911 or Dispatch Center

#### **National Element**

National Element P\_07 from the 2016 National Trauma Data Standard

TR 18.97

# (Pre-Hospital Thoracentesis) / TUBE THORACOSTOMY

Data Format [combo] single-choice

# **Definition**

Indication as to if this procedure was performed while under the care of EMS.

		Element/Domain (Simple				
XSD Data Type	xs: integer		Type)	TubeThoracostomy		
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

# **Field Values**

1 Not Performed 2 Performed

- EMS Run Sheet
- Other ED Documentation

# (Pre-Hospital) CPR PERFORMED

Data Format [combo] single-choice

# **Definition**

Indication as to if CPR management was conducted while under the care of EMS.

XSD Data Type	xs: integer		Element/Domain (S	imple Type) CPRPerformed
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 Not Performed 2 Performed

- EMS Run Sheet
- Other ED Documentation

# **Pre-Hospital Cardiac Arrest**

Data Format [combo] single-choice

# **Definition**

Whether the person suffered a cardiac arrest at any stage prior to arrival at the definitive care hospital.

XSD Data Type	xs:integer		Element/Domain (Si	mple Type) cardiac_arrest
Multiple Entry Con	figuration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 No 2 Yes

- EMS Run Sheet
- Other ED Documentation

# (Pre-Hospital) NEEDLE THORACOSTOMY

Data Format [combo] single-choice

# **Definition**

Indication as to if this procedure was performed while under the care of EMS.

XSD Data Type	xs: integer		Element/Domain (Simple Type)	NeedleThoracostomy
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 Not Performed 2 Performed

- EMS Run Sheet
- Other ED Documentation

# (Pre-Hospital) AIRWAY MANAGEMENT

Data Format [combo] single-choice

# **Definition**

Indication as to whether a device or procedure was used to prevent or correct obstructed respiratory passage while under the care of EMS.

	Element/Domain (Simple					
XSD Data Type	xs: integer		Type)	AirwayMgmt		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

# **Field Values**

1	CPAP	6	Cricoid	12	EOA
2	Nasal Cannula	7	LMA	13	Nasal Trumpet
	Non-rebreather				
3	mask	8	Nasal ETT	14	Supplemental Oxygen
4	Bag & Mask	9	Oral Airway	15	King Airway
5	Combitube	10	Oral ETT	16	Airway cleared
		11	Trach	17	Alternative Airway Device

- EMS Run Sheet
- Other ED Documentation

# (Pre-Hospital) FLUIDS

Data Format [combo] single-choice

# **Definition**

Indication as to the amount of IV fluids that were administered to the patient while under the care of EMS.

XSD Data Type	xs: integer		Element/Domain (Simple	le Type) Fluids
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- 1 Saline lock
- 2 < 500
- 3 500-2000
- 4 > 2000
- 5 IVF Attempted
- 6 IVF Unknown Amount

- EMS Run Sheet
- Other ED Documentation

TR 15.32

# (Pre-Hospital) DESTINATION DETERMINATION

Data Format [combo] single-choice

# **Definition**

Major reason for transferring the patient to the facility chosen.

			Element / Domain (Simple	•
XSD Data Type	xs: integer		Type)	destinationdetermination
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD Yes				

# **Field Values**

1 Closet Facility 4 On-Line Medical Direction

2 Diversion 5 Other

3 Hospital of Choice 6 Specialty Resource

Center

- EMS Run Sheet
- Other ED Documentation

# **EMS STATUS**

Data Format [combo] single-choice

# **Definition**

Status of the EMS run sheet or Patient Care Report (PCR).

XSD Data Type	xs: integer		Element/Domain (Simple Type)	EMS_Status
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 Complete 3 Missing 2 Incomplete 4 Pending

- EMS Run Sheet
- Other ED Documentation

TR 15.31

# (Pre-Hospital) MEDICATIONS

Data Format [combo] multiple-choice

# **Definition**

Medications given to the patient while under the care of EMS.

XSD Data Type	xs: string			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

· Relevant value for data element

- EMS Run Sheet
- Other ED Documentation

# (Pre-Hospital) VITALS DATE Data Format [date]

# **Definition**

Date of first recorded vital signs in the Pre-Hospital setting.

			Element/Domain (Simple	
XSD Data Type	xs: string		Type)	datevitalsignstaken
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

Collected as MM/DD/YYYY

- EMS Run Sheet
- Other ED Documentation

# (Pre-Hospital) VITALS TIME Data Format [time]

# **Definition**

Time of first recorded vital signs in the Pre-Hospital setting.

XSD Data Type	xs: string		Element/Domain (Simple Ty	/pe) datevitalsignstaken
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- Collected as HHMM
- HHMM should be collected as military time

- EMS Run Sheet
- Other ED Documentation

# INITIAL FIELD GCS - EYE\* Data Format [number]

#### **Definition**

First recorded Glasgow Coma Score (Eye) in the pre-hospital setting at the scene of injury.

XSD Data Type xs:	integer		XSD Element / Domain (	Simple Type)	EmsGcsEye
Multiple Entry Configuration		)	Accepts Null Value Yes, common null value		on null values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 4	

#### **Field Values**

- 1 No eye movement when assessed
- 2 Opens eyes in response to painful stimulation
- 3 Opens eyes in response to verbal stimulation
- 4 Opens eyes spontaneously

#### **Additional Information**

- Used to calculate Overall GCS EMS Score
- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, record as Not Known / Not Recorded
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of function within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation

#### **Data Source**

EMS Run Sheet

#### **National Element**

National Element P\_13 from the 2016 National Trauma Data Standard

#### National & State Element

# **INITIAL FIELD GCS - VERBAL\***

Data Format [number]

#### Definition

First recorded Glasgow Coma Score (Verbal) in the pre-hospital setting at the scene of injury.

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type) EmsGcsVerbal
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 5

#### **Field Values**

#### Pediatric (≤ 2 years):

No vocal response
 Cries but is consolable, inappropriate interactions
 Inconsolable, agitated
 Smiles, oriented to sounds, follows objects, interacts

3 Inconsistently consolable, moaning

#### Adult:

1 No vocal response 3 Inappropriate words 5 Oriented

2 Incomprehensible sounds 4 Confused

#### **Additional Information**

- Used to calculate Overall GCS EMS Score
- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, record as Not Known / Not Recorded
- If a patient is intubated then the GCS Verbal score is equal to 1.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of function within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation

#### **Data Source**

EMS Run Sheet

#### **National Element**

National Element P\_14 from the 2016 National Trauma Data Standard

#### National & State Element

# **INITIAL FIELD GCS - MOTOR\***

Data Format [number]

#### **Definition**

First recorded Glasgow Coma Score (Motor) in the pre-hospital setting at the scene of injury.

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	EmsGcsMotor
Multiple Entry Configuration		No	Accepts Null Value Yes, common null va		ommon null values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint:	: 6

#### **Field Values**

#### Pediatric (≤ 2 years):

No motor response
 Extension to pain
 Withdrawal from pain
 Localizing pain

3 Flexion to pain 6 Appropriate response to stimulation

#### Adult:

No motor response
Extension to pain
Flexion to pain
Localizing pain
Extension to pain
Obeys commands

#### **Additional Information**

- Used to calculate Overall GCS EMS Score
- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, record as Not Known / Not Recorded
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of function within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation

#### **Data Source**

EMS Run Sheet

#### **National Element**

National Element P\_15 from the 2016 National Trauma Data Standard

# (Initial Field) GCS QUALIFIER (UP TO 3)

Data Format [combo] multiple-choice

#### **Definition**

Documentation of factors potentially affecting the first assessment of GCS before arrival in the ED/hospital.

XSD Data Type	Data Type xs: integer		XSD Element / Domain (Simple Type) EmsGcsQualifier		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

# **Field Values**

- Patient chemically sedated or paralyzed
- 2 Obstruction to the Patient's Eye
- 3 Patient Intubated
- 4 Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye

# **Additional Information**

- To select more than 1, hold down the Shift Key
- Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)

#### **Data Source**

• EMS Run Sheet

# (Initial Field) SYSTOLIC BLOOD PRESSURE\*

Data Format [number]

# **Definition**

First recorded systolic blood pressure in the pre-hospital setting at the scene of injury.

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type)	EmsSbp
Multiple Entry Conf	figuration	No	<b>Accepts Null Value</b>	Yes, commo	on null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint:	400

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, leave the value blank to record as "Not Known / Not Recorded"
- Used to auto-generate an additional calculated field: Revised Trauma Score -EMS (adult & pediatric)
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patietns who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

The null value "Not Applicable" is used for patients who arrive by 4. Private/Public

• Vehicle/Walk-in.

#### **Data Source**

EMS Run Sheet

#### **National Element**

National Element P\_09 from the 2016 National Trauma Data Standard

# (Initial Field) DIASTOLIC BLOOD PRESSURE

Data Format [number]

# **Definition**

First recorded diastolic blood pressure in the pre-hospital setting.

XSD Data Type	xs: string		Element/Domain (Simple Type)	DBP
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

# **Additional Information**

• If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, leave blank to record as "Not Known / Not Recorded"

# **Data Source**

• EMS Run Sheet

# (Initial Field) PULSE RATE\* Data Format [number]

#### **Definition**

First recorded pulse measured at the scene of injury in the pre-hospital setting (palpated or auscultated), expressed as a number per minute

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type)	EmsPulseRate
Multiple Entry Conf	figuration	No	<b>Accepts Null Value</b>	Yes, commo	n null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint	: 299

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, leave blank to record as "Not Known / Not Recorded"
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patietns who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
  - The null value "Not Applicable" is used for patients who arrive by 4.
- Private/Public Vehicle/Walk-in.

#### **Data Source**

EMS Run Sheet

#### **National Element**

National Element P\_10 from the 2016 National Trauma Data Standard

# (Initial Field) RESPIRATORY RATE\*

Data Format [number]

#### **Definition**

First recorded respiratory rate measured at the scene of injury in the pre-hospital setting (expressed as a number per minute).

	XSD Element / Domain (Simple			
XSD Data Type	xs: integer		Type)	EmsRespiratoryRate
Multiple Entry Configuration No.		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 100

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, leave blank to record as "Not Known / Not Recorded"
- Used to auto-generate an additional calculated field: Revised Trauma Score -EMS (adult & pediatric)

The null value "Not Applicable" is used for patients who arrive by 4.

Private/Public Vehicle/Walk-in.

#### **Data Source**

• EMS Run Sheet

#### **National Element**

National Element P\_11 from the 2016 National Trauma Data Standard

# (Initial Field) SP02 (Oxygen Saturation)\* Data Format [number]

#### **Definition**

First recorded oxygen saturation at the scene of injury in the pre-hospital setting (expressed as a percentage).

			XSD Element / Domain (Simple		
XSD Data Type	xs: integer		Type)	EmsPulseOximetry	
Multiple Entry Configuration No		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 100	

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, leave blank to record as "Not Known / Not Recorded"
- Value should be based upon assessment before administration of supplemental oxygen

The null value "Not Applicable" is used for patients who arrive by 4.

• Private/Public Vehicle/Walk-in.

#### **Data Source**

• EMS Run Sheet

#### **National Element**

National Element P\_12 from the 2016 National Trauma Data Standard

#### **INITIAL FIELD GCS - TOTAL\***

Data Format [number]

#### **Definition**

First recorded Glasgow Coma Score (total (Eye)) in the pre-hospital setting

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type)	<i>EmsTotalGcs</i>
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes		Min. Constraint: 3	Max. Constraint:	15

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- Use only if total score is available without component score
- Used to auto-generate an additional calculated field: Revised Trauma Score -EMS (adult & pediatric)
- If a patient does not have a numeric GCS score recorded, but there is
  documentation related to their level of consciousness such as "AAOx3", "awake
  alert and oriented", or "patient with normal mental status", interpret this as GCS
  of 15, IF there is no other contradicting documentation
- If the patient is transferred to your facility with no EMS run sheet from the scene of the injury, leave blank to record as "Not Known / Not Recorded"

#### **Data Source**

EMS Run Sheet

#### **National Element**

National Element P\_16 from the 2016 National Trauma Data Standard

# (Pre-Hospital Revised Trauma Score) RTS (Total)

Data Format [number]

# **Definition**

A physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient in the pre-hospital setting.

XSD Data Type	xs: string		Element/Domain (Simple Type)	RTS
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 4

# **Field Values**

· Relevant value for data element

# **Data Source**

• EMS Run Sheet

# (Pre-Hospital) RESPIRATORY ASSISTANCE

Data Format [combo] single-choice

#### **Definition**

The determination of mechanical and/or external support of respiration

			Element/Domain (Simple	
XSD Data Type	xs: integer		Type)	RespiratoryAssistance
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- 1 Unassisted Respiratory Rate
- 2 Assisted Respiratory Rate

# **Data Source**

• EMS Run Sheet

Referring Hospital Information

# TRANSPORTED TO REFERRING FACILITY BY

Data Format [combo] single-choice

#### **Definition**

The mode of transport delivering the patient to the referring hospital

XSD Data Type	xs: integer		Element/Domain (Simple Type)	Transported_by
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- 1 ALS Ground Ambulance
- 2 Charter Fixed-Wing
- 3 Charter Helicopter
- 4 ALS Helicopter
- 5 BLS Ground Ambulance
- 6 BLS Helicopter
- 7 Other
- 8 Police
- 9 Private/Public Vehicle/Walk-In

# **Data Source**

# **REFERRING HOSPITAL NAME**

Data Format [combo] single-choice

# **Definition**

Name of the referring hospital.

			Element/Domain (Simple	
XSD Data Type	xs: string		Type)	ReferringHospitalID
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Minimum Constraint: 0	Maximum Constraint: 50

# **Field Values**

• Relevant value for data element

# **Data Source**

# **REFERRING HOSPITAL ARRIVAL DATE**

**Data Format** [date]

# **Definition**

The date the patient arrived at the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Config	uration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

Relevant value for data element

# **Additional Information**

• Collected as MM/DD/YYYY

# **Data Source**

# **REFERRING HOSPITAL ARRIVAL TIME**

Data Format [time]

# **Definition**

The time the patient arrived at the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Config	uration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

· Relevant value for data element

# **Additional Information**

- Collected as HHMM
- HHMM should be collected in military time

# **Data Source**

# REFERRING HOSPITAL DISCHARGE DATE

**Data Format** [date]

## **Definition**

The date the patient was discharged from the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Config	uration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

· Relevant value for data element

## **Additional Information**

• Collected as MM/DD/YYYY

## **Data Source**

# REFERRING HOSPITAL DISCHARGE TIME

Data Format [time]

## **Definition**

The time the patient was discharged from the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Config	uration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

· Relevant value for data element

## **Additional Information**

- Collected as HHMM
- HHMM should be collected in military time

## **Data Source**

# REFERRING HOSPITAL PHYSICIAN NAME

Data Format [text]

## **Definition**

The name of the patient's referring physician.

XSD Data Type	xs: string			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

• Relevant value for data element

# **Data Source**

# (Referring Hospital) GCS - EYE Data Format [number]

## **Definition**

First recorded Glasgow Coma Score (Eye) at the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Conf	figuration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 4

## **Field Values**

- 1 No eye movement when assessed
- 2 Opens eyes in response to painful stimulation
- 3 Opens eyes in response to verbal stimulation
- 4 Opens eyes spontaneously

## **Additional Information**

- Used to calculate Overall GCS Referring Hospital Score
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation

#### **Data Source**

# (Referring Hospital) GCS - VERBAL Data Format [number]

## **Definition**

First recorded Glasgow Coma Score (Verbal) at the referring hospital

XSD Data Type	xs: integer			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 5

#### **Field Values**

## Pediatric (≤ 2 years):

No vocal response
 Inconsolable, agitated
 Smiles, oriented to sounds, follows objects, interacts
 Inconsistently

consolable, moaning

#### Adult:

1 No vocal response 3 Inappropriate words 5 Oriented

2 Incomprehensible sounds 4 Confused

## **Additional Information**

- Used to calculate Overall GCS Referring Hospital Score
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation

## **Data Source**

# (Referring Hospital) GCS - MOTOR Data Format [number]

## **Definition**

First recorded Glasgow Coma Score (Motor) at the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 6

## **Field Values**

## Pediatric (≤ 2 years):

No motor response
 Extension to pain
 Withdrawal from pain
 Localizing pain

3 Flexion to pain 6 Appropriate response to stimulation

## Adult:

No motor response
 Extension to pain
 Flexion to pain
 Localizing pain
 Extension to pain
 Obeys commands

## **Additional Information**

- Used to calculate Overall GCS Referring Hospital Score
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation

## **Data Source**

# (Referring Hospital) GCS Assessment QUALIFIERS (UP TO 3)

Data Format [combo] multiple-choice

## **Definition**

Documentation of factors potentially affecting the first assessment of GCS upon arrival to the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	iguration	Yes, max 3	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

- 1 Patient chemically sedated
- 2 Patient Intubated
- Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye
- 4 Obstruction to the Patient's Eye

## **Additional Information**

- Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
- To select more than 1, hold down the Shift Key

## **Data Source**

# (Referring Hospital) TEMPERATURE Data Format [number]

## **Definition**

First recorded temperature (in degrees Celsius [centigrade]) at the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 45°C

## **Field Values**

- · Relevant value for data element
- Used to auto-generate an additional calculated field: Temperature in degrees fahrenheit

## **Data Source**

# (Referring Hospital) SYSTOLIC BLOOD PRESSURE Data Format [number]

## **Definition**

First recorded systolic blood pressure at the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 299

## **Field Values**

· Relevant value for data element

## **Additional Information**

 Used to auto-generate an additional calculated field: Revised Trauma Score -Referring Hospital (adult & pediatric)

## **Data Source**

# (Referring Hospital) DIASTOLIC BLOOD PRESSURE Data Format [number]

## **Definition**

First recorded diastolic blood pressure at the referring hospital.

XSD Data Type	xs: string			
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 299

# **Field Values**

• Relevant value for data element

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# (Referring Hospital) PULSE RATE Data Format [number]

## **Definition**

First recorded pulse at the referring hospital (palpated or auscultated), expressed as a number per minute.

XSD Data Type	xs: string			
Multiple Entry Config	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 299

## **Field Values**

· Relevant value for data element

## **Data Source**

# (Referring Hospital) RESPIRATORY RATE Data Format [number]

## **Definition**

First recorded respiratory rate at the referring hospital (expressed as a number per minute)

XSD Data Type	xs: string			
Multiple Entry Config	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 120

## **Field Values**

· Relevant value for data element

## **Additional Information**

 Used to auto-generate an additional calculated field: Revised Trauma Score -Referring Hospital (adult & pediatric)

## **Data Source**

# (Referring Hospital) SP02 (Oxygen Saturation) Data Format [number]

## **Definition**

First recorded oxygen saturation at the referring hospital (expressed as a percentage).

XSD Data Type	xs: string			
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 100

# **Field Values**

• Relevant value for data element

## **Data Source**

# (Referring Hospital) MANUAL GCS TOTAL Data Format [number]

## **Definition**

First recorded Glasgow Coma Score (total) at the referring hospital

XSD Data Type	xs: string			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 3	Max. Constraint: 15

## **Field Values**

Relevant value for data element

#### **Additional Information**

- Use only if total score is available without component score
- Used to auto-generate an additional calculated field: Revised Trauma Score -Referring Hospital (adult & pediatric)
- If a patient does not have a numeric GCS score recorded, but with documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", interpret this as GCS of 15, IF there is no other contradicting documentation
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation

#### **Data Source**

# (Referring Hospital Revised Trauma Score) MANUAL RTS Data Format [number]

## **Definition**

A physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient at the referring hospital setting.

XSD Data Type	xs: string			
Multiple Entry Conf	iguration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 4

#### **Field Values**

· Relevant value for data element

## **Additional Information**

- Use only if total score is available without component score
- · Auto-generated if Manual GCS Total is entered

## **Data Source**

# (Referring Hospital Pediatric Trauma Score) MANUAL PTS Data Format [number]

## **Definition**

A physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient at the referring hospital setting for a pediatric patient.

XSD Data Type	xs: string			
Multiple Entry Conf	iguration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes		Min. Constraint: -6	Max. Constraint: 12

## **Field Values**

· Relevant value for data element

## **Additional Information**

• Use only if total score is available without component score

#### **Data Source**

# (Referring Hospital) Supplemental Oxygen

Data Format [combo] single-choice

## **Definition**

Supplemental Oxygen.

XSD Data Type	xs: integer			
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 No 2 Yes

## **Additional Information**

•

## **Data Source**

# (Referring) HOSPITAL ICU

Data Format [combo] single-choice

## **Definition**

Determination of whether or not the patient went to the ICU at the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Config	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 Yes 2 No

- Referring Hospital Medical Record Information
- Other ICU Documentation

# (Referring) HOSPITAL OR

Data Format [combo] single-choice

## **Definition**

Determination of whether or not the patient went to the OR at the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Yes 2 No

- Referring Hospital Medical Record Information
- Other OR Documentation

# (Referring) CPR PERFORMED

Data Format [combo] single-choice

## **Definition**

Indication as to if CPR management was conducted while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Config	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 Yes 2 No

## **Data Source**

TR 33.21

# (Referring Hospital) CT HEAD (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 Positive 2 Negative 3 Not Performed

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) CT CERVICAL (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Positive 2 Negative 3 Not Performed

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) CT ABD/PELVIS (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Positive 2 Negative 3 Not Performed

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) CT CHEST (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Positive 2 Negative 3 Not Performed

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) ABDOMINAL ULTRASOUND (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Positive 2 Negative 3 Not Performed

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) AORTOGRAM (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Positive 2 Negative

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) ARTERIOGRAM (Results)

Data Format [combo] single-choice

## **Definition**

Indication as to if this procedure was performed while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1 Positive 2 Negative

- Referring Hospital Medical Record Information
- Radiology Report

# (Referring Hospital) AIRWAY MANAGEMENT

Data Format [combo] single-choice

## **Definition**

Indication as to whether a device or procedure was used to prevent or correct an obstructed airway passage while under the care of the referring hospital.

XSD Data Type	xs: integer			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

1	Bag & Mask	8	LMA
2	CPAP	9	Nasal ETT
3	King Airway	10	Not Performed
4	Nasal Cannula	11	Oral Airway
	Non-Rebreather		
5	Mask	12	Oral ETT
			Supplemental
6	Combitube	13	Oxygen
7	Crico	14	Trach

## **Data Source**

# (Referring Hospital) DESTINATION DETERMINATION

Data Format [combo] single-choice

## **Definition**

The reason the facility transferred this patient to another acute care hospital.

XSD Data Type	xs: integer			
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

- 1 Hospital of Choice
- 2 Specialty Resource Center

## **Data Source**

# (Referring Hospital) MEDICATIONS

Data Format [combo] multiple-choice

## **Definition**

Indication as to which, if any, medications were administered to the patient while under the care of the referring hospital

XSD Data Type	xs: string			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

· Relevant value for data element

- Referring Hospital Medical Record Information
- Other ED Documentation

ED/Acute Care Information

## **DIRECT ADMIT TO HOSPITAL**

Data Format [combo] single-choice

## **Definition**

Indicates if the patient was a direct admission.

	XSD Element/Domain (Simple					
XSD Data Type	xs: integer		Type)	Direct Admit		
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

## **Field Values**

- 1 No
- 2 Yes

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Registration
- Hospital Discharge Summary

## **DATE ARRIVED IN ED/ACUTE CARE\***

**Data Format** [date]

## **Definition**

The date the patient arrived to the ED / Hospital

			XSD Element / Domain (S	Simple
XSD Data Type	xs: date		Type)	HospitalArrivalDate
Multiple Entry Configuration No		Accepts Null Value	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 1990	Max. Constraint: 2030

#### **Field Values**

Relevant value for data element

## **Additional Information**

- If the patient was brought to the ED, enter date patient arrived at ED. If patient
  was directly admitted to the hospital, enter date patient was admitted to the
  hospital
- Collected as MM/DD/YYYY
- Used to auto-generate two additional calculated fields: Total EMS Time: (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED / Hospital Arrival to ED / Hospital Discharge)

## **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary
- Face Sheet

## **National Element**

National Element ED\_01 from the 2016 National Trauma Data Standard

## TIME ARRIVED IN ED/ACUTE CARE\*

**Data Format** [time]

## **Definition**

The time the patient arrived at the ED / Hospital

			XSD Element / Domain (Simple				
XSD Data Type	xs: time		Type)	HospitalArrivalTime			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values			
Required in XSD	Yes		Min. Constraint: 1990	Max. Constraint: 23:59			

#### **Field Values**

Relevant value for data element

## **Additional Information**

- If the patient was brought to the ED, enter time patient arrived at ED. If patient
  was directly admitted to the hospital, enter time patient was admitted to the
  hospital
- Collected as HHMM
- HHMM should be collected as military time
- Used to auto-generate two additional calculated fields: Total EMS Time: (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED / Hospital Arrival to ED / Hospital Discharge)

## **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary
- Face Sheet

#### **National Element**

National Element ED\_02 from the 2016 National Trauma Data Standard

# TRAUMA TEAM ACTIVATED

**Data Format** [radio]

## **Definition**

Level of Trauma Team activated.

			XSD Element/Domain (Simple	
XSD Data Type	xs: integer		Type)	TraumaTeamLevel
Multiple Entry Con	ifiguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

- 1 Not Activated
- 2 Level 1
- 3 Level 2
- 4 Level 3
- 5 Level 4

- · Triage Form / Trauma Flow Sheet
- · Other ED Documentation

## **DATE TRAUMA TEAM ACTIVATED**

Data Format [date]

## **Definition**

The date the trauma team was activated.

XSD Data Type	xs: string		XSD Element/Domain (Simple Ty	ype)	TraumaTeamActivated
Multiple Entry Configuration		No	Accepts Null Value	Yes, c	ommon null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

## **Additional Information**

- Collected as MM/DD/YYYY
- · Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# TIME TRAUMA TEAM ACTIVATED

Data Format [time]

## **Definition**

The time the trauma team was activated.

			XSD Element/Domain (Simple	
XSD Data Type:	xs: string		Type)	<b>TraumaTeamActivatedTime</b>
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

· Relevant value for data element

# **Additional Information**

- Collected as HHMM
- · HHMM should be collected as military time
- · Only completed if Trauma Team is activated

- · Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# **TEAM MEMBER**

Data Format [combo] single-choice

## **Definition**

Name of the team member called when trauma team was activated.

XSD Data Type	xs: string		XSD Element/Domain (Simple Type) Performer			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

# **Field Values**

· Relevant value for data element

# **Additional Information**

· Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# (Trauma Team Member) SERVICE TYPE

Data Format [combo] single-choice

## **Definition**

The specialty of the team member (physician) called for the Trauma Team Activation.

XSD Data Type	xs: integer		XSD Element/Domain (Simple Typ	e) ServiceTypeID
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

			Maxillofacial		
1	Anesthesia	11	Surgery	21	Pulmonology
2	Crisis RN	12	Nephrologist	22	Social Work
3	CRNA	13	Nephrology	23	Urology
4	Dental	14	Obstetrics &Gyn	24	Vascular Surgery
5	Endocrinology	15	Ophthalmology	25	Emergency Medicine
6	ENT	16	Organ Retrieval	26	Family Practice
7	Hospitalist	17	Paediatric Surgery	27	Neurosurgery
8	Infectious Diseases	18	Pediatric Hospitalist	28	Orthopedic Surgery
9	Intensive Care Unit	19	Pediatric Intensivist	29	Physician Assistant
10	Internal Medicine	20	Plastic Surgery	30	Surgery Senior Resident
				31	Surgery/Trauma

# **Additional Information**

· Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- · Hospital Registration
- Hospital Discharge Summary

# DATE (Trauma Team Member) CALLED Data

Format [date]

# **Definition**

The date the team member (physician) was called when the trauma team was activated

XSD Data					
Туре	xs: string		XSD Element/Domain (S	Simple Type)	DateTimeCalled
Multiple Entr	y Configuration	No	Accepts Null Value	Yes, com	mon null values
Required in					
XSD	Yes				

# **Field**

# **Values**

· Relevant value for data element

# Additional Information

- Collected as MM/DD/YYYY
- · Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# TIME (Trauma Team Member) CALLED Data Format [time]

## **Definition**

The time the team member (physician) was called when the trauma team was activated

XSD Data Type	xs: string		XSD Element/Domain (Simp	le Type)	DateTimeCalledTime
Multiple Entry Configuration		No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

# **Additional Information**

- Collected as HHMM
- · HHMM should be collected as military time
- · Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# DATE (Trauma Team Member) ARRIVED Data Format [date]

## **Definition**

The date the team member (physician) arrived when the trauma team was activated.

XSD Data Type	xs: string		XSD Element/Domain (Sim	ple Type)	DateArrived
Multiple Entry Configuration		No	Accepts Null Value	Yes,	, common null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

# **Additional Information**

- · Collected as MM/DD/YYYY
- · Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# TIME (Trauma Team Member) ARRIVED Data Format [time]

## **Definition**

The time the team member (physician) arrived when the trauma team was activated.

XSD Data Type	xs: string		XSD Element/Domain (Simpl	e Type)	TimeArrived
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

## **Additional Information**

- · Collected as HHMM
- HHMM should be collected as military time
- Only completed if Trauma Team is activated

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# (Trauma Team) TIMELY ARRIVAL Data Format [combo] single-choice

## **Definition**

Was the (ED physician) respond to the call to see the patient in a timely manner?

XSD Data Type	xs: integer		XSD Element/Domain (Sin	mple Type) TimelyArrival
Multiple Entry Configuration		Yes	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

- 1 Yes
- 2 No

# **Additional Information**

- · Only completed if Trauma Team is activated
- · Criteria for timely arrival is defined by the facility

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# **ADMITTING MD/STAFF**

Data Format [combo] single-choice

## **Definition**

Physician or staff member's name to which the patient is designated upon admission to the facility.

XSD Data Type	xs: string		XSD Element/Domain (Simp	ple Type)	Admitting Staff
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# **ADMITTING SERVICE**

Data Format [combo] single-choice

## **Definition**

The department within the hospital that admitted the patient after being discharged from the ED.

XSD Data Type	xs: integer		XSD Element/Don Accepts Null	nain (Simple Type)	ServiceTypeID
Multiple Entry Conf	iguration	No	Value	Yes, con	nmon null values
Required in XSD	Yes				

# **Field Values**

1	Cardiology	11	Medicine
2	Cardiovascular Surgery	12	Nephrology
3	Ears, Nose, Throat (ENT)	13	Ophthamology
4	Family Practice	14	Orthopedics
5	Gastrointestinal (GI)	15	Pediatric Surgery
6	General Surgery	16	Plastic Surgery
7	Hem-Onc	17	Surgery Subspecialty
8	Hospitalist	18	Trauma
9	Infection Control		

# **Additional Information**

10 Internal Medicine

• Burn, OMFS, Hand, etc. fall under "Surgery Subspecialty"

- · Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# **CONSULTING SERVICES**

Data Format [combo] single-choice

# **Definition**

The determination that consulting services were provided.

XSD Data Type	xs: integer		XSD Element/Domain (Simple	Type)	ConsultingService
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

# **Field Values**

- 1 Yes
- 2 No

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- · Hospital Registration
- Hospital Discharge Summary

# (Consulting) SERVICE TYPE

Data Format [combo] single-choice

# **Definition**

The specialty of any consults made during the patient's time at the hospital.

XSD Data	Туре	xs: integer					
Multiple E	Entry Con	figuration	No	Acc	epts Null Value	Yes, co	ommon null values
Required	in XSD	Yes					
Field V	alues						
1	Acute Re	ehabilitation Med	licine	23	Kidney Transplant	44	Pediatric Pulmonary
2	Anesthes	sia		24	Liver	45	Plastic Surgeon
3	Bariatric			25	Neonatal	46	Psychiatry
4	Burn			26	Nephrology	47	Psychology
5	Cardiolog	gy		27	Neurology	48	Trauma Surgeon
6	Cardioth	oracic Surgery		28	Neurosurgery	49	Rheumatology
7	Chemica	I Dependence		29	Obstetric	50	Urology
8	Critical C	are Medicine		30	Occuloplastic	51	Vascular Surgery
9	Critical C	are Surgery		31	Ophthalmology		
10	Dentistry	•		32	Oral Maxillo Facial Surgery		
11	Dermato	logy		33	Orthopedic Surgeon		
12	Endocrin	ology		34	Pain		
13	Ear Nose	e Throat		35	Pediatric Cardiology		
14	Family M	ledicine		36	Pediatric Critical Care M	edicine	
15	Gastroer	nterology		37	Pediatric Dentistry		
16	General	Surgery		38	Pediatric Gastroenterolo	gy	
17	17 Geriatric			39	Pediatric Hematology Oncology		
18	3 Gynecology			40	Pediatric Infectious Disease		
19	Hand			41	Pediatric Nephrology		
20	Hematol	ogy Oncology		42	Pediatric Neurology		
21	Infectious	s Disease		43	Pediatric Orthopedic		
22	Internal N	Medicine					

## **Additional Information**

• Only completed if Consulting Services is "Yes"

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

- Hospital Registration
- Hospital Discharge Summary

# **CONSULTING STAFF**

Data Format [combo] single-choice

## **Definition**

Name of staff member that consulted on the patient.

XSD Data Type	xs: string		XSD Element/Domain (Simple	Type)	ConsultingStaff
Multiple Entry Configuration		No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

# **Additional Information**

• Only completed if Consulting Services is "Yes"

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# DATE (Consulting Practitioner Requested) Data Format [date]

## **Definition**

The date the consultant was called.

XSD Data Type	xs: string		XSD Element/Domain (Sim	ple Type)	DateofService
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes	, common null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

# **Additional Information**

- Collected as MM/DD/YYYY
- Only completed if Consulting Services is "Yes"

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- · Hospital Registration
- Hospital Discharge Summary

# TIME (Consulting Practitioner Requested) Data Format [time]

## **Definition**

The time the consultant was called.

XSD Data Type	xs: string		XSD Element/Domain (Simp	le Type)	TimeOfService
Multiple Entry Config	guration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

# **Additional Information**

- · Collected as HHMM
- · HHMM should be collected as military time
- Only completed if Consulting Services is "Yes"

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Hospital Registration
- Hospital Discharge Summary

# **DATE OF DECISION TO TRANSFER**

**Data Format** [date]

## **Definition**

The date it was decided that the patient would be transferred

XSD Data Type	xs: date		XSD Element / Domain (Simple Type) Decision		Decision_Date
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	n null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

# **Additional Information**

- Collected as MM/DD/YYYY
- Only completed if ED Disposition is "Transferred to another Hospital"

- Triage Form / Trauma Flow Sheet
- ED Physician's Notes
- ED Nurses' Notes
- Other ED Documentation

# TIME OF DECISION TO TRANSFER

Data Format [time]

## **Definition**

The time it was decided that the patient would be transferred

XSD Data Type	xs: time		XSD Element / Domain (	Simple Type)	Decision_Time
Multiple Entry Configuration		No	Accepts Null Value	Yes, commo	on null values
Required in XSD	Yes				

## **Field Values**

Relevant value for data element

# **Additional Information**

- · Collected as HHMM
- · HHMM should be collected as military time
- Only completed if ED Disposition is "Transferred to another Hospital"

- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- Hospital Discharge Summary
- Billing Sheet / Medical Records Summary Sheet

# ED DISCHARGE DATE\* Data Format [date]

## **Definition**

The date the order was written for the patient to be discharged from the ED.

XSD Data Type	xs: date		XSD Element / Domain (Si	mple Type)	EdDischargeDate
Multiple Entry Configuration		No	Accepts Null Value	Yes, comr	non null values
Required in XSD	Yes		Min. Constraint: 1990	Мах	c. Constraint: 2030

### **Field Values**

Relevant value for data element

## **Additional Information**

- Collected as MM/DD/YYYY
- Used to auto-generate an additional calculated field: Total ED Time: (elapsed time from ED admit to ED discharge)
- Leave the value blank to use the null value "Not Applicable" if the patient is directly admitted to the hospital.
  - If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Date is
- the date of death as indicated on the patient's death certificate.

### **Data Source**

- Hospital Discharge Summary
- · Billing Sheet / Medical Records Summary Sheet
- Physician's Progress Notes
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- Progress Notes

## **National Element**

National Element ED\_21 from the 2016 National Trauma Data Standard

# ED DISCHARGE TIME\* Data Format [time]

## **Definition**

The time the order was written for the patient to be discharged from the ED.

			XSD Element / Domain (Simple			
XSD Data Type	xs: time		Type)	EDDischargeTime		
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes		Min. Constraint: 1990	Max. Constraint: 23:59		

### **Field Values**

Relevant value for data element

### **Additional Information**

- · Collected as HHMM
- HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total ED Time: (elapsed time from ED admit to ED discharge)
- Leave the value blank to use the null value "Not Applicable" if the patient is directly admitted to the hospital.

If ED Discharge Disposition is 5 Decased/Expired, then ED Discharge Time is the time of death as indicated on the patient's death certificate.

### **Data Source**

- Hospital Discharge Summary
- Billing Sheet / Medical Records Summary Sheet
- Physician's Progress Notes
- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- Progress Notes

# **National Element**

National Element ED 22 from the 2016 National Trauma Data Standard

# **ED DISCHARGE DISPOSITION\***

Data Format [combo] single-choice

## **Definition**

The disposition of the patient at the time of discharge from the ED.

			XSD Element / Domain (Simple				
XSD Data Type	xs: integer		Type)	EdDischargeDisposition			
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values			
Required in XSD	Yes						

### **Field Values**

- 1 Floor bed (general admission, non-specialty unit bed)
- 2 Observation Unit (unit that provides < 24 hour stays)
- 3 Telemetry / step-down unit (less acuity than ICU)
- 4 Home with Services
- 5 Deceased / Expired
- 6 Other (jail, institutional care, mental health, etc.)
- 7 Operating Room
- 8 Intensive Care Unit (ICU)
  9 Home without services
  10 AMA (Left against medical advice)
  11 Transferred to another hospital

### **Additional Information**

- Based upon UB-04 disposition coding.
- The null value "Not Applicable" is used if the patient is directly admitted to the hospital.
- If a patient originated from an institutional care facility, jail, or skilled nursing facility and then was discharged from the ED to the same institutional care facility, jail, or skilled nursing facility, you would use the field value 4. Home with Services or 9. Home without Services.
- If a patient originated from home and then was discharged from the ED to an
  institutional care facility, jail, or skilled nursing facility, you would use the field value
   6. Other (jail, institutional care, mental health, etc.)
- If ED Discharge Disposition is "Home with services", "Died / Expired", "Other (jail, institutional care, mental health, etc.)", "Home without services", "Left against medical advice", or "Transferred to another hospital", then Hospital Discharge Date, Time, and Disposition should be "Not Applicable"

- Hospital Discharge Documentation
- Nursing Progress Notes
- History & Physical

- Social Worker Notes
- •

Other Hospital Documentation

# **National Element**

• National Element ED\_19 from the 2016 National Trauma Data Standard

# Signs of Life\* Data Format [combo] single-choice

## **Definition**

Indication of whether patient arrived at ED/Hospital with signs of life.

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	DeathInEd*
Multiple Entry Configuration		No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes				

### **Field Values**

- 1 Arrived with NO signs of life
- 2 Arrived with signs of life

## **Additional Information**

- A patient with no signs of life is defined as having none of the following: organized EKG activity, papillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.
- Only completed if ED Disposition is "Died"

### **Data Source**

- Triage Form / Trauma Flow Sheet
- ED Physician's Notes
- ED Nurses' Notes
- · Other ED Documentation
- History & Physical

## **National Element**

National Element ED\_20 from the 2016 National Trauma Data Standard

# OPERATING ROOM DISCHARGE DISPOSITION

Data Format [combo] single-choice

## **Definition**

The disposition of the patient following post-anesthesia recovery.

XSD Data Type	xs: integer		XSD Element/Domain (Simp	le Type)	ORDisposition
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

### **Field Values**

- 1 Died
- 2 Floor bed (general admission, non-specialty unit bed)
- 3 Home with Services
- 4 Home without Services
- 5 Intensive Care Unit (ICU)
- 6 Left against medical advice (AMA)
- 7 Observation unit (unit that provides < 24 hour stays)
- 8 Other (jail, hospice, institution, etc.)
- 9 Post-Anesthesia Care Unit (PACU)
- 10 Telemetry / step-down unit (less acuity than ICU)
- 11 Transferred to another hospital

## **Additional Information**

- Only completed if ED Disposition is "Operating Room"
- SICU, CCU, MICU fall under the ICU category

- · OR Nurses' Notes
- Operative Records

# TRANSFER DELAY

Data Format [combo] single-choice

## **Definition**

Indicate whether or not there was a delay transferring a patient to a hospital.

XSD Data Type	xs: integer		XSD Element/Domain (Simple	Type)	Transfer_Delay	
Multiple Entry Configuration		No	Accepts Null Value	Yes,	, common null values	
Required in XSD	Yes					

# **Field Values**

1 No 2 Yes

# **Additional Information**

• Only completed if ED Disposition is "Transferred to another Hospital"

- Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- Hospital Discharge Summary
- Billing Sheet / Medical Records Summary Sheet

# **REASON FOR TRANSFER DELAY**

Data Format [combo] single-choice

## **Definition**

Reason for delay in transferring the patient.

XSD Data Type	xs: integer		XSD Element/Domain (Simp	le Type)	Delay_Reason
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

# **Field Values**

- 1 EMS issue
- 2 Other
- 3 Receiving hospital issue
- 4 Referring Physician Decision Making
- 5 Referring Hospital Issue Radiology
- 6 Weather or Natural Factors

# **Additional Information**

Only completed if ED Disposition is "Transferred to another Hospital"

- · Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- · Other ED Documentation
- · Hospital Discharge Summary
- · Billing Sheet / Medical Records Summary Sheet

# OTHER REASON FOR TRANSFER DELAY

**Data Format** [text]

## **Definition**

Other reason for transfer delay that is not specific in the reason for transfer delay drop down menu.

XSD Data Type	xs: string		XSD Element/Domain (Simple	е Туре)	Delay_Reason_Other
Multiple Entry Configuration		No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

# **Additional Information**

Only completed if Reason for Transfer Delay is "Other"

- · Triage Form / Trauma Flow Sheet
- ED Nurses' Notes
- Other ED Documentation
- Hospital Discharge Summary
- Billing Sheet / Medical Records Summary Sheet

Initial Assessment Information

# Height\* (cm)

Data Format [combo] single-choice

## **Definition**

First recorded height (in inches) upon ED/hospital arrival.

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type) Height
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 244 (cm)

## **Field Values**

· Relevant value for data element

## **Additional Information**

- Recorded in centimeters
- May be based on family or self-report
- Please note that the first recorded hospital vitals do not need to be from the same assessment
- Used to auto-generate an additional calculated field: Height (inches)

### **Data Source**

- Triage Form / Trauma Flow Sheet
- ED Record
- EMS Run Sheet
- Nurses notes
- Self-report
- Family report
- Other ED documentation
- Pharmacy Record

## **National Element**

National Element ED 15 from the 2016 National Trauma Data Standard

# Weight\* (kg)

Data Format [combo] single-choice

## **Definition**

Measured or estimated baseline weight

XSD Data Type	xs: integer		XSD Element / Domaii	n (Simple Type) Weight
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 907 (kg)

## **Field Values**

Relevant value for data element

## **Additional Information**

- · Recorded in kilograms
- May be based on family or self-report
- Used to auto-generate an additional calculated field: Weight (pounds)
   Please note that first recorded/hospital visits do not need to be from the same
- assessment

### **Data Source**

- Triage Form / Trauma Flow Sheet
- ED Record
- EMS Run Sheet
- Nurses notes
- Self-report
- Family report
- Other ED documentation
- Pharmacy Record

## **National Element**

National Element ED\_16 from the 2016 National Trauma Data Standard

# (Initial ED/Hospital) VITALS DATE Data Format [date]

## **Definition**

The date of the first recorded vitals in the ED/Hospital setting.

XSD Data Type	xs: string		XSD Element/Domain (Simp	le Type)	DateVitalSignsTaken
Multiple Entry Confi	guration	No	Accepts Null Value	Yes, c	common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

# **Additional Information**

Collected as MM/DD/YYYY

- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation

# (Initial ED/Hospital) VITALS TIME Data Format [time]

## **Definition**

The time of the first recorded vitals in the ED/Hospital setting

XSD Data Type	xs: string		XSD Element/Domain (Simple	Type)	TimeVitalSignsTaken
Multiple Entry Configuration		No	Accepts Null Value	Yes, c	ommon null values
Required in XSD	Yes				

## **Field Values**

· Relevant value for data element

# **Additional Information**

- Collected as HHMM
- HHMM should be collected in military time

- Triage Form/Trauma Flow Sheet
- Billing Sheet / Medical Records Coding Summary Sheet
- ED Nurses' Notes
- Other ED Documentation

# (Initial ED/Hospital) GCS - EYE\* Data Format [number]

## **Definition**

First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/Hospital arrival time.

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) Gc.		
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common n	ull values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 4	

### **Field Values**

- 1 No eye movement when assessed
- 2 Opens eyes in response to painful stimulation
- 3 Opens eyes in response to verbal stimulation
- 4 Opens eyes spontaneously

## **Additional Information**

- Used to calculate Overall GCS ED Score
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation
- Please note that the first recorded hospital vitals do not need to be from the same assessment

### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED documentation
- Nurses notes
- Physician Notes/Flow Sheet

## **National Element**

National Element ED\_10 from the 2016 National Trauma Data Standard

# (Initial ED / Hospital) GCS - VERBAL\* Data Format [number]

### **Definition**

First recorded Glasgow Coma Score (Verbal) in the ED/hospital within 30 minutes or less of ED/hospital arrival time.

XSD Data Type	xs: integer		XSD Element / Domai	n (Simple Type)	GcsVerbal
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common n	ull values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 5	

## **Field Values**

### Pediatric (≤ 2 years):

1 No vocal response 4 Cries but is consolable, inappropriate interactions

2 Inconsolable, agitated 5 Smiles, oriented to sounds, follows objects, interacts

3 Inconsistently consolable, moaning

### Adult:

1 No verbal response 3 Inappropriate words 5 Oriented

2 Incomprehensible sounds 4 Confused

#### Additional Information

- Used to calculate Overall GCS ED Score
- If patient is intubated then the GCS Verbal score is equal to 1
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation
- Please note that the first recorded hospital vitals do not need to be from the same assessment

### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes

### **National Element**

National Element ED\_11 from the 2016 National Trauma Data Standard

# (Initial ED/Hospital) GCS - MOTOR\*

Data Format [number]

#### Definition

First recorded Glasgow Coma Score (Motor) in the ED/hospital within 30 minutes or less of ED/hospital arrival.

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) GcsA		
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common no	ull values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 6	

## **Field Values**

## Pediatric (≤ 2 years):

1 No motor response2 Extension to pain4 Withdrawal from pain5 Localizing pain

3 Flexion to pain 6 Appropriate response to stimulation

## Adult:

No motor response
Extension to pain
Flexion to pain
Localizing pain
Extension to pain
Obeys commands

## **Additional Information**

- · Used to calculate Overall GCS ED Score
- If a patient does not have a numeric GCS score recorded, but written
  documentation closely (or directly) relates to verbiage describing a specific
  level of function within the GCS scale, the appropriate numeric score may be
  listed. E.g. the chart indicates: "patient withdraws from a painful stimulus", a
  Motor GCS of 4 may be recorded, IF there is no other contradicting
  documentation
- Please note that the first recorded hospital vitals do not need to be from the same assessment

### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes
- Physician Notes

### **National Element**

National Element ED\_12 from the 2016 National Trauma Data Standard

# (Initial ED/Hospital) GCS Assessment QUALIFIERS (UP TO 3)\* Data Format [combo] multiple-choice

## **Definition**

Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of ED/hospital arrival.

			/Al .			
		XSD Element / Domain (Simple				
XSD Data Type	xs: integer	Type)	GcsQualifier			
Multiple Entry Cor	Multiple Entry Configuration Yes, max 3		Yes, common null values			
Required in XSD	Yes					

## **Field Values**

- Patient chemically sedated or paralyzedObstruction to the
- 2 Patient's Eye

- 3 Patient Intubated
- 4 Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye

#### **Additional Information**

- Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record
- Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes
- Please note that the first recorded hospital vitals do not need to be from the same assessment
- Check all that apply

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes
- Physician Notes/Flow Sheet

### **National Element**

National Element ED 14 from the 2016 National Trauma Data Standard

# (Initial ED/Hospital) TEMPERATURE\* Data Format [number]

## **Definition**

First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes or less of ED/hospital arrival

XSD Data Type	xs: integer		XSD Element / Domai	n (Simple Type)	Temperature
Multiple Entry Configuration		No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint:	45.0°C

## **Field Values**

Relevant value for data element

## **Additional Information**

- Please note that the first recorded hospital vitals do not need to be from the same assessment
- Used to auto-generate an additional calculated field: Temperature in degrees fahrenheit

## **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes

## **National Element**

National Element ED\_05 from the 2016 National Trauma Data Standard

# (Initial ED/Hospital) TEMPERATURE ROUTE Data Format [number]

#### **Definition**

Indicates the initial emergency department/hospital temperature measurement route.

XSD Data Type	xs: integer	XSD Element / Domain (Simple Type)		TemperatureRoute
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1	Axillary	4	Other
2	Foley	5	Rectal
3	Oral	6	Tympanic

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes

## (Initial ED/Hospital) SYSTOLIC BLOOD PRESSURE\* Data Format [number]

#### **Definition**

First recorded systolic blood pressure in the ED/hospital, within 30 minutes or less of ED/hospital arrival

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type) Sbp
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 299

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Used to auto-generate an additional calculated field: Revised Trauma Score -ED (adult & pediatric)
- Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes
- Physician Notes
- History & Physical

#### **National Element**

National Element ED\_03 from the 2016 National Trauma Data Standard

## (Initial ED/Hospital) DIASTOLIC BLOOD PRESSURE

Data Format [number]

#### **Definition**

First recorded diastolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type) DBP
Multiple Entry Con	figuration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 299

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

 Please note that the first recorded hospital vitals do not need to be from the same assessment

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes

## (Initial ED/Hospital) PULSE RATE\* Data Format [number]

#### **Definition**

First recorded pulse (palpated or auscultated) in the ED/hospital, within 30 minutes or less of ED/hospital arrival time (expressed as a number per minute)

XSD Data Type xs: integer		XSD Element / Doma	in (Simple Type) PulseRate
Multiple Entry Configuration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD Yes		Min. Constraint: 0	Max. Constraint: 300

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

 Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes

#### **National Element**

• National Element ED\_04 from the 2016 National Trauma Data Standard

## (Initial ED/Hospital) RESPIRATORY RATE\* Data Format [number]

#### **Definition**

First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)

XSD Data Type	xs: integer		XSD Element / Doma	in (Simple Type)	RespiratoryRate
Multiple Entry Co	nfiguration	No	<b>Accepts Null Value</b>	Yes, common	null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint:	: 120

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- If available, complete additional field: "Initial ED/Hospital Respiratory Assistance"
- Used to auto-generate an additional calculated field: Revised Trauma Score -ED (adult & pediatric)
- Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes
- Respiratory Therapy Notes/Flow Sheet

#### **National Element**

National Element ED\_06 from the 2016 National Trauma Data Standard

## (Initial ED/Hospital) SP02 (Oxygen Saturation)\* Data Format [number]

#### **Definition**

First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage)

XSD Data Type	xs: integer		XSD Element / Doma	in (Simple Type)	PulseOximetry
Multiple Entry Configuration No		<b>Accepts Null Value</b>	Yes, common null values		
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint:	100

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- If available, complete additional field: "Initial ED/Hospital Supplemental Oxygen"
- Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes
- Respiratory Therapy Notes/Flow Sheet

#### **National Element**

National Element ED\_08 from the 2016 National Trauma Data Standard

## (Initial ED/Hospital) MANUAL GCS TOTAL\* Data Format [number]

#### Definition

First recorded Glasgow Coma Score (total) in the ED/hospital within 30 minutes or less of ED/hospital arrival

XSD Data Type	xs: integer		XSD Element / Doma	nin (Simple Type)	TotalGcs
Multiple Entry Con	figuration	No	<b>Accepts Null Value</b>	Yes, common n	ull values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint:	15

#### **Field Values**

Relevant value for data element

#### Additional Information

- Use only if total score is available without component score
- Used to auto-generate an additional calculated field: Revised Trauma Score -ED (adult & pediatric)
- If a patient does not have a numeric GCS score recorded, but with documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", interpret this as GCS of 15, IF there is no other contradicting documentation
- Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Nurses notes
- Physician Notes

#### National Element

National Element ED 13 from the 2016 National Trauma Data Standard

## (Initial ED/hospital Revised Trauma Score) RTS (Total) Data Format [number]

#### **Definition**

A physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient in the ED or hospital setting.

XSD Data Type	xs: integer		XSD Element/Domain (Simple Type) RTS				
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values			
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 4			

### **Field Values**

· Relevant value for data element

#### **Additional Information**

- Use only if total score is available without component score
- · Auto-generated if Manual GCS Total is entered

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## (Initial ED/hospital Pediatric Trauma Score) PTS (Total) Data Format [number]

#### **Definition**

A physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient in the ED or hospital setting for a pediatric patient.

XSD Data Type	xs: integer		XSD Element/Domain	(Simple Type) PTS
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: -6	Max. Constraint: 12

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

• Use only if total score is available without component score

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## (Initial ED/Hospital) SUPPLEMENTAL OXYGEN\*

Data Format [combo] single-choice

#### **Definition**

Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within 30 minutes or less of ED/hospital arrival

			XSD Element / Domain (Simple			
XSD Data Type	xs: integer		Type)	SupplementalOxygen		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

- 1 No (No Supplemental Oxygen)
- 2 Yes (Supplemental Oxygen)

#### **Additional Information**

- Only completed if a value is provided for "Initital ED/Hospital Oxygen Saturation"
- Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED documentation
- Nurses notes

#### **National Element**

National Element ED\_09 from the 2016 National Trauma Data Standard

## (Initial ED/Hospital) RESPIRATORY ASSISTANCE\* Data Format [combo] single-choice

#### **Definition**

Determination of respiratory assistance associated with the Initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival

			XSD Element / Domain (Simple			
XSD Data Type	xs: integer		Type)	RespiratoryAssistance		
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

- 1 No (Unassisted Respiratory Rate)
- 2 Yes (Assisted Respiratory Rate)

#### **Additional Information**

- Only completed if a value is provided for "Initial ED/Hospital Respiratory Rate"
- Respiratory assistance is defined as mechanical and/or external support of respiration
- Please note that the first recorded hospital vitals do not need to be from the same assessment

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- Other ED documentation
- Nurses notes
- Respiratory Therapy Notes/Flow Sheet

#### **National Element**

National Element ED\_07 from the 2016 National Trauma Data Standard

## (Initial ED/Hospital) AIRWAY MANAGEMENT

Data Format [combo] single-choice

#### **Definition**

Indication as to whether a device or procedure was performed to prevent or correct an obstructed respiratory passage while under the care of the ED/Hospital

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	Airway
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

	aiucs		
1	Bag & Mask	10	Oral Airway
2	BiPAP	11	Oral ETT
3	Combitude	12	Trach
			Not
4	Cricoid	13	Performed
			Supplementa
5	King Airway	14	I Oxygen
6	LMA	15	Simple Mask
7	Nasal Cannula		
	Non-rebreather		
8	mask		

#### **Data Source**

9 Nasal ETT

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## (Initial ED / Hospital) CPR PERFORMED

Data Format [combo] single-choice

#### **Definition**

Indication as to if CPR management was conducted while under the care of the ED/Hospital

XSD Data Type	xs: integer		XSD Element/D Accepts Nu	omain (Simple Type) CPRPerformed
Multiple Entry Conf	iguration	No	Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

CPR in Progress, Not

1 continued 2 Performed 3 Performed

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## **UNITS OF BLOOD**

Data Format [number]

#### **Definition**

Number of units of blood (PRBC, FFP, Plts) administered to the patient in the first 24 hours

XSD Element/Domain (Simple						
XSD Data Type	xs: string		Type)	BloodUnits		
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

· Relevant value for data element

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## **BLOOD ORDERED DATE**

Data Format [date]

#### **Definition**

Date and time the blood was ordered for the patient in the ED/Hospital

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	DateBloodOrdered
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

### **Field Values**

Collected as MM/DD/YYYY

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## **CROSSMATCH DATE**

Data Format [date]

#### **Definition**

Date and time the blood was crossmatched for the patient in the ED/Hospital

			XSD Element/Domain (Simple	le
XSD Data Type	xs: string		Type)	DateCrossmatch
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

### **Field Values**

Collected as MM/DD/YYYY

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## **BLOOD ADMINISTERED DATE**

Data Format [date]

#### **Definition**

Date and time the blood was administered to the patient in the ED/Hospital

			XSD Element/Domain (Simpl	е
XSD Data Type	xs: string		Type)	DateBloodAdministered
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

### **Field Values**

Collected as MM/DD/YYYY

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## (Initial ED/Hospital) CT HEAD (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

			XSD Element/Domain (Simp	ole
XSD Data Type	xs: integer		Type)	CTHeadStatus
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1 Positive 2 Negative 3 Not Performed

#### **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

## (Initial ED/Hospital) CT ABD/PELVIS (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

XSD Data Type	xs: integer		XSD Element/Domain (Simple	e Type)	CTAbdominalStatus
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, o	common null values
Required in XSD	Yes				

#### **Field Values**

1 Positive 2 Negative 3 Not Performed

#### **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

## (Initial ED/Hospital) CT CHEST (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

			XSD Element/Domain (Simp	le
XSD Data Type	xs: integer		Type)	CTAbdominalStatus _
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1 Positive 2 Negative 3 Not Performed

## **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

## (Initial ED/Hospital) CT CERVICAL (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

			XSD Element/Domain (Simp	ole
XSD Data Type	xs: integer		Type)	CTCervicalStatus
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1 Positive 2 Negative 3 Not Performed

## **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

# (Initial ED/Hospital) DATE SENT TO CT Data Format [date]

#### **Definition**

The date the patient had a CT performed while under the care of the ED/Hospital

			XSD Element/Domain (Simple	9
XSD Data Type	xs: string		Type)	InitialEDHospitalTimeSentToCT
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

### **Field Values**

Collected as MM/DD/YYYY

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## (Initial ED/Hospital) TIME SENT TO CT Data Format [time]

#### **Definition**

The time the patient had a CT performed while under the care of the ED/Hospital

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	InitialEDHospitalTimeSentToCTTime
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

### **Field Values**

• Relevant value for data element

#### **Additional Information**

- Collected as HHMM
- · HHMM should be collected in military time

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# (Initial ED/Hospital) ABDOMINAL ULTRASOUND DATE Data Format [date]

#### **Definition**

The date the abdominal ultrasound was performed on the patient while under the care of the ED/Hospital

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	InititalEDHospitalAbdominalUltrasoundDate
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

Collected as MM/DD/YYYY

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

# (Initial ED/Hospital) ABDOMINAL ULTRASOUND TIME Data Format [time]

#### **Definition**

The time the abdominal ultrasound was performed on the patient while under the care of the ED/Hospital

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	InititalEDHospitalAbdominalUltrasoundTime
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- Collected as HHMM
- HHMM should be collected in military time

- Triage Form / Trauma Flow Sheet
- Other ED Documentation

## (Initial ED/Hospital) ABDOMINAL ULTRASOUND (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

			XSD Element/Domain (Simple	•
XSD Data Type	xs: integer		Type)	InitialEDHospitalDPAUltrasound
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1 Positive 2 Negative 3 Not Performed

#### **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

## (Initial ED/Hospital) ARTERIOGRAM (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

			XSD Element/Domain (Simple	3
XSD Data Type	xs: integer		Type)	InititalEDHospitalDPArteriogram
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1 Positive 2 Negative

## **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

## (Initial ED/Hospital) AORTOGRAM (Results)

Data Format [combo] single-choice

#### **Definition**

Indication as to if the procedure was performed while under the care of the ED/Hospital

			XSD Element/Domain (Simple	
XSD Data Type	xs: integer		Type)	InititalEDHospitalDPAortogram
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

1 Positive 2 Negative

#### **Additional Information**

- "Positive" is defined as 'any traumatic injury'
- "Negative" is defined as 'no traumatic injury'

- Triage Form / Trauma Flow Sheet
- Other ED Documentation
- Radiology Report

#### **ALCOHOL USE INDICATOR\***

Data Format [combo] single-choice

#### **Definition**

Use of alcohol by the patient.

XSD Data Type	xs: integer		XSD Element / Domain (	(Simple Type)	AlcoholUseIndicators
Multiple Entry Con	nfiguration	No	Accepts Null Value	Yes, common	null values
Required in XSD	Yes				

#### **Field Values**

- 1 No (Not Tested)
- 2 No (confirmed by test)
- 3 Yes (confirmed by test [trace levels])

4 Yes (confirmed by test [beyond legal limit])

#### **Additional Information**

- Blood alcohol concentration (BAC) may be documented at any facility, unit or setting treating this patient event
- If alcohol use is "Yes", complete variable: Blood Alcohol Content (BAC)
- "Trace levels" is defined as any alcohol level below the legal limit, but not zero
- "Beyond legal limit" is defined as a blood alcohol concentration above the legal limit for the state in which the treating institution is located. Above any legal limit, DUI, DWI, or DWAI, would apply here
- If alcohol use is suspected, but not confirmed by test, record null value "Not Known/Not Recorded"

#### **Data Source**

- Lab results (facility specific; inter-facility data not valid)
- ED Physicians Notes
- Nursing Notes
- History & Physical

#### **National Element**

National Element ED 17 from the 2016 National Trauma Data Standard

## **BLOOD ALCOHOL CONTENT (BAC)**

Data Format [number]

#### **Definition**

Indicates the measure of ethyl alcohol in a blood sample obtained from the patient for laboratory examination (reported in mg/dl)

			XSD Element/Domain (Simp	le
XSD Data Type	xs: string		Type)	bloodalcoholcontent
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- Blood alcohol concentration (BAC) may be documented at any facility (or setting) treating this patient event
- Only completed when "Alcohol Use Indicator" is selected as "Yes"

#### **Data Source**

Lab results (facility specific; inter-facility data not valid)

# (Initial ED / Hospital) BASE DEFICIT Data Format [number]

#### **Definition**

The first recorded base deficit (the arterial blood gas component showing the degree of acid/base imbalance), measured in mEq/L

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	InititalEDHospitalBaseDeficit
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

• Relevant value for data element

#### **Data Source**

• Lab results (facility specific; inter-facility data not valid)

#### **DRUG USE INDICATOR\***

Data Format [combo] multiple-choice

#### **Definition**

Use of drugs by the patient

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	DrugUseIndicator
Multiple Entry Con	figuration	Yes, max 2	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

- 1 No (not tested)
- 2 No (confirmed by test)
- 3 Yes (confirmed by test [rX drug])

- 4 Yes (confirmed by test [illegal use drug])
- 3, 4 Yes (confirmed by test [rX & illegal use drug])

#### **Additional Information**

Blood alcohol concentration (BAC) may be documented at any facility, unit, or

- setting treating this patient event.
- If positive, indicate classification or drug specific information
- "Illegal use drug" includes illegal use of prescription drugs
- If drug use is suspected, but not confirmed by test, record null value "Not Known / Not Recorded"
- This data element refers to drug use by the patient and does not include medical treatment
- Check all that apply

#### **Data Source**

- Lab results (facility specific; inter-facility data not valid)
- ED Physician Documentation
- Triage/Trauma/Hospital Flow Sheet
- History & Physical

#### **National Element**

National Element ED 18 from the 2016 National Trauma Data Standard

## DRUG (Involvement Toxic) SCREEN

Data Format [combo] multiple-choice

#### **Definition**

Laboratory test used to detect the presence of drugs in the patient's blood. Enter the drugs present when drug screening was performed in ED. You may enter more than one drug. Do not include drugs given to the patient during any phase of resuscitation

XSD Element/Domain (Simple					
XSD Data Type	xs: integer	Т	ype)	DrugInvolvementDrug	
Multiple Entry Configuration		Yes	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

	Amphetamine Antidepressants		Cocaine Ethanol
	(including	7	Marijuana (cannabis)
	Tricyclics)	8	Methamphetamines
3	Barbiturate	9	Opiates (including Propoxyphene)
4	Benzodiazepines (Valium)	10	PCP

#### **Additional Information**

- Drug use may be documented at any facility (setting) treating this patient event
- Only completed when "Drug Use Indicator" is selected as "Yes"

- Lab results (facility specific; inter-facility data not valid)
- ED Physician Documentation

Diagnosis Information

## ICD-9 CODE (Injury Diagnosis)\*

Data Format [combo] multiple-choice

#### **Definition**

Diagnoses related to all identified injuries. Injury diagnoses as defined by (ICD-CM) codes.

	XSD Element / Domain (Simple			
XSD Data Type	xs: string		Type)	InjuryDiagnosis
		Yes,		
		max		
Multiple Entry Configuration		50	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- Injury diagnoses as defined by ICD-9-CM range: 800-959.9m except for 905-909.9, 910-924.9, 930-939.9
- The maximum number of diagnoses that may be reported for an individual patient is 50

#### **Additional Information**

- ICD-9-CM codes pertaining to other medical conditions (e.g., CVA, MI, comorbidities, etc.) may also be included in this field
- Used to auto-generate eight additional calculated fields: Abbreviated Injury Scale (six body regions), Injury Severity Score, and the Functional Capacity Index
- The null value "Not Applicable" is used if not coding ICD-9.

- Hospital Discharge Summary
- Billing Sheet / Medical Records Coding Summary Sheet
- Trauma Flow Sheet
- ER and ICU Records
- History and Physical
- Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation
- Autopsy/Medical Examiner Report
- Progress Notes

## **National Element**

• National Element DG\_02 from the 2016 National Trauma Data Standard

# AIS 05 (Predot) CODE\*

Data Format [combo] multiple-choice

#### **Definition**

The Abbreviated Injury Scale (AIS) predot codes that reflect the patient's injuries

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	AisPredot	
Multiple Entry Configuration		Yes, max 50	Accepts Null Value	Yes, common nu	null values	
Required in XSD	Yes					

#### **Field Values**

 The predot code is the 6 digits preceding the decimal point in an associated AIS code

#### **Additional Information**

 This variable is considered optional and is not required as part of the State dataset

#### **Data Source**

- Hospital Discharge Summary
- History and Physical
- Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation

#### **National Element**

National Element IS\_01 from the 2016 National Trauma Data Standard

# **AIS VERSION\***

# **Data Format** [text]

## **Definition**

The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	AisVersion
Multiple Entry Configuration		No	Accepts Null Value	Yes, common r	ull values
Required in XSD	Yes				

#### **Field Values**

1	AIS 80 (Retired 2016)	4	AIS 95 (Retired 2016)
2	AIS 85 (Retired 2016)	5	AIS 98 (Retired 2016)
3	AIS 90 (Retired 2016)	6	AIS 05, Update 08

# **Additional Information**

## **National Element**

• National Element IS\_03 from the 2016 National Trauma Data Standard

# ICD-10 CODE (Injury Diagnosis)\*

Data Format [combo] multiple-choice

#### **Definition**

Diagnoses related to all identified injuries. Injury diagnoses as defined by (ICD-10-CM) codes.

			XSD Element / Domain (S	Simple
XSD Data Type	xs: string		Type)	Diagnosis Icd10
		Yes,		
		max		
Multiple Entry Configuration		100	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- Injury diagnoses as defined by ICD-10-CM code range: S00-S99, T07, T14, T20-T28, T30-T32, and T79.A1-T79.A9 code range.
- The maximum number of diagnoses that may be reported for an individual patient is 50

#### **Additional Information**

- ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this field
- Used to auto-generate eight additional calculated fields: Abbreviated Injury Scale (six body regions), Injury Severity Score, and the Functional Capacity Index
- The null value "Not Applicable" is used if not coding ICD-10.

#### **Data Source**

- Hospital Discharge Summary
- Billing Sheet / Medical Records Coding Summary Sheet
- Trauma Flow Sheet
- · ER and ICU Records
- History and Physical
- Physician's Documentation
- · Nurses' Notes
- Other Hospital Documentation
- Autopsy/Medical Examiner Report
- Progress Notes

#### **National Element**

• National Element DG\_03 from the 2016 National Trauma Data Standard

# ISS (Body) REGION\*

Data Format [number]

#### **Definition**

The Injury Severity Score (ISS) body region codes that reflects the patient's injuries.

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) /s		
Multiple Entry Confi	iguration	Yes, max 50	Accepts Null Value	Yes, common nu	ll values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 6	

#### **Field Values**

1	Head or Neck	3	Chest	5	Extermities or
2	Face	4	Abdominal or pelvic		pelvic girdle
			contents	6	External

#### **Additional Information**

- Auto-calculated once AIS code is typed in
- This variable is considered optional and is not required as part of the State dataset
- Head or neck injuries include injury to the brain or cervical spine, skull or cervical spine fractures
- Facial injuries include those involving mouth, ears, nose and facial bones
- Chest injuries include all lesions to internal organs. Chest injuries also include those to the diaphragm, rib cage, and thoracic spine
- Abdominal or pelvic contents injuries include all lesions to internal organs. Lumbar spine lesions are included in the abdominal or pelvic region
- Injuries to the extermities or to the pelvic or shoulder girdle include sprains, fractures, dislocations, and amputations, except for the spinal column, skull and rib cage
- External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface

#### **Data Source**

- Hospital Discharge Summary
- History and Physical
- Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation

#### **National Element**

National Element IS\_03 from the 2016 National Trauma Data Standard

# **AIS BASED INJURY SEVERITY SCORES BY DIAGNOSIS\***

**Data Format** [number]

#### **Definition**

The Abbreviated Injury Scale (AIS) severity codes that reflect the patient's injuries.

XSD Data Type	xs: integer		XSD Element / Domai	n (Simple Type)	AisSeverity
		Yes,			-
		max			
Multiple Entry Configuration 5		50	Accepts Null Value	Yes, common n	ull values
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 9	

#### **Field Values**

1	Minor Injury	4	Severe Injury	9	Not Possible to
2	Moderate Injury	5	Critical Injury		Assign
3	Serious Injury	6	Maximum Injury,		
			Virtually Insurvivable		

#### **Additional Information**

• The field value (9) "Not Possible to Assign" would be chosen if it is not possible to assign a severity to an injury

#### **Data Source**

- Hospital Discharge Summary
- History and Physical
- Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation

#### **National Element**

National Element IS\_02 from the 2016 National Trauma Data Standard

# MANUAL (Locally Calculated ISS)\*

Data Format [number]

#### **Definition**

The Injury Severity Score (ISS) that reflects the patient's injuries

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type) // IssLocal		
Multiple Entry Configuration N		No	Accepts Null Value	lue Yes, common null value	
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 75	

#### **Field Values**

- · Auto-calculated once AIS scores are typed in
- Relevant ISS value for the constellation of injuries

#### **Additional Information**

 This variable is considered optional and is not required as part of the State dataset

#### **Data Source**

- Hospital Discharge Summary
- History and Physical
- Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation

#### **National Element**

National Element IS 05 from the 2016 National Trauma Data Standard

 $Comorbidity\,Information$ 

### **CO-MORBID CONDITIONS\***

Data Format [combo] multiple-choice

#### **Definition**

Pre-existing co-morbid factors present before patient arrival at the ED/Hospital.

XSD Element / Domain (Simple							
<b>XSD Data</b>	Type	xs: integer	Ty	/pe)		ComorbidCondition	
<b>Multiple E</b>	intry Config	uration	Yes	Accepts	Null	Value Yes, common null values	
Required	in XSD	Yes					
Field Valu	ies				15	Functionally dependent health status	
1	Other				16	History of angina within 30 days	
2	Alcohol Use	Disorder (Alc	oholism)		17	History of myocardial infarction	
3	Ascites with	in 30 days (R	etired 20°	15)	18	History of Peripheral Vascualr Disease (PVD)	
4	Bleeding dis	sorder			19	Hypertension requiring medication	
5	-	ceiving chemo	otherapy f	or	20	Impaired sensorium (Retired 2012)	
	cancer				21	Prematurity	
6	Congenital A	Anomalies			22	Obesity (Retired 2015)	
_	0 "				00	Chronic Obstructive Pulmonary Disease	
7	Congestive	Heart Failure			23	(COPD)	
8	Current smo	oker			24	Steroid Use	
9	Chronic ren	al failure			25	Cirrhosis	
10	Cerebrovas	cular Acciden	t (CVA)		26	Dementia	
11	Diabetes me	ellitus			27	Major psychiatric illness	
12	Disseminate	ed cancer			28	Drug Abuse or dependence	
13		irective limitin			29	Pre-hospital cardiac arrest with resuscitative	
		varices (Reti	red			efforts by healthcare provider (Retired 2015)	
14	2015)						
						Attention deficit disorder/attention deficit	
					30	hyperactivity disorder (ADD/ADHD)	

#### **Additional Information**

- The null value "Not Applicable" is used for patients with no known co-morbid conditions
- Refer to Appendix 3: National Glossary of Terms for definition of Co-Morbid Conditions
- Select all that apply

For any Co-Morbid condition to be valid, there must be a diagnosis noted in the patient medical record that meets the definition noted in Appendix 3: Glossary of

Terms."

- History and Physical
- Discharge Sheet
- Billing Sheet

- · Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation

• Case Mgmt/Social Services • Triage/Trauma Flow Sheet

# **National Element**

• National Element DG\_01 from the 2016 National Trauma Data Standard

# **CO-MORBID CONDITION NOTES**

**Data Format** [text]

#### **Definition**

Additional information about the pre-existing medical conditions

XSD Data Type	xs: string		XSD Element/Domain (Si	mple Type)	COMBDTY_ID
Multiple Entry Configuration		Yes	Accepts Null Value	Yes,	common null values
Required in XSD	Yes		Min Constraint: 0	Max Cons	straint: 2000

#### **Field Values**

• Relevant value for data element

- History and Physical
- Physician's Documentation
- Nurses' Notes
- Other Hospital Documentation

**Procedures Information** 

## PROCEDURE PERFORMED

Data Format [combo] single-choice

#### **Definition**

Indicates whether there are ICD-9 codes for procedures to report or not

XSD Data Type	xs: integer		XSD Element/Domain (Simple	Type)	ProcedurePerformed
Multiple Entry Configuration		No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### **Field Values**

1 No 2 Yes

- · Operative Reports
- Triage Form / Trauma Flow Sheet
- Nurses' Documentation
- Physician Documentation
- Anesthesia Record
- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Discharge Summary

# ICD-9 CODE (Hospital Procedures)\*

Data Format [combo] multiple-choice

#### **Definition**

Operative and selected non-operative procedures conducted during hospital stay. Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications.

The list of procedures below should be used as a guide to non operative procedures that should be provided to the state. Not all hospitals capture all procedures listed below. Please transmit those procedures that you capture to the state.

XSD Data Type	xs: string		Element / Domain (Simple	e Type)	HospitalProcedure
		Yes, max			
Multiple Entry Conf	iguration	200	Accepts Null Value	Yes, o	common null values
Required in XSD	Yes				

#### **Field Values**

- Major and minor procedure ICD-9-CM procedure codes
- The maximum number of procedures that may be reported for a patient is 200

#### **Additional Information**

- Include only procedures performed at your institution
- Capture all procedures performed in the operating room
- Capture all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications
- Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.
- Note that the hospital may capture additional procedures
- Select "Not Applicable" for the Procedure Performed (TR22.30) variable if patient did not have procedures
- The null value "Not Applicable" is used if not coding ICD-9.

- Operative Reports
- ER and ICU Records
- Triage Form / Trauma Flow Sheet
- Nurses' Documentation

- Physician Documentation
- Anesthesia Record
- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Discharge Summary

### **Diagnostic & Therapeutic Imaging**

Computerized tomographic studies \*
Diagnostic ultrasound (includes FAST) \*
Doppler ultrasound of extremities\*
Angiography
Angioembolization
Echocardiography
Cystogram
IVC filter
Urethrogram

#### Cardiovascular

Central venous catheter \*
Pulmonary artery catheter \*
Cardiac output monitoring \*
Open cardiac massage
CPR

#### **CNS**

Insertion of ICP monitor \*
Ventriculostomy \*
Cerebral oxygen monitoring \*

#### **Gastrointestinal**

Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
Gastrostomy / jejunostomy (percutaneous or endoscopic)
Percutaneous (endoscopic)
gastrojejunoscopy

#### Musculoskeletal

Soft tissue / bony debridements \* Closed reduction of fractures Skeletal and halo traction Fasciotomy

#### **National Element**

#### Genitourinary

Ureteric catheterization (i.e. Ureteric stent) Suprapubic cystostomy

#### **Transfusion**

The following blood products should be captured over first 24 hours after hospital arrival:

Transfusion of red cells \*
Transfusion of platelets \*
Transfusion of plasma \*

In addition to coding the individual blood products listed above assign the 99.01 ICD-9 procedure code on patients that receive > 10 units of blood products over first 24 hours following hospital arrival \* For pediatric patients (age 14 and under), assign 99.01 ICD-9 procedure code on patients that receive 40cc/kg of blood products over first 24 hours following hospital arrival\*

## Respiratory

Insertion of endotracheal tube \*
Continuous mechanical ventilation \*
Chest tube \*
Bronchoscopy \*
Tracheostomy
Open cardiac massage
CPR

#### Other

Hyperbaric oxygen
Decompression chamber
TPN \*

• National Element HP\_01 from the 2016 National Trauma Data Standard

# ICD-10 CODE (Hospital Procedures)\*

Data Format [combo] multiple-choice

#### **Definition**

Operative and selected non-operative procedures conducted during hospital stay. Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications.

The list of procedures below should be used as a guide to non operative procedures that should be provided to the state. Not all hospitals capture all procedures listed below. Please transmit those procedures that you capture to the state.

XSD Data Type	xs: string	Х	SD Element / Domain (Sin	nple Type)	HospitalProcedurelcd10
Multiple Fotos Conf	:	Yes, max	Accounts New Works	Van	
Multiple Entry Conf	iguration	200	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### Field Values

- Major and minor procedure ICD-10-CM procedure codes
- The maximum number of procedures that may be reported for a patient is 200

#### **Additional Information**

- Include only procedures performed at your institution
- Capture all procedures performed in the operating room
- Capture all procedures in the ED, ICU, ward, or radiology department that were essential
  to the diagnosis, stabilization, or treatment of the patient's specific injuries or their
  complications
- Procedures with an asterisk have the potential to be performed multiple times during one
  episode of hospitalization. In this case, capture only the first event. If there is no asterisk,
  capture each event even if there is more than one.
- Note that the hospital may capture additional procedures
- Select "Not Applicable" for the Procedure Performed (TR22.30) variable if patient did not have procedures
- The null value "Not Applicable" is used if not coding ICD-10.

- Operative Reports
- ER and ICU Records
- Triage Form / Trauma Flow Sheet
- Nurses' Documentation

- Physician Documentation
- · Anesthesia Record
- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Discharge Summary

### **Diagnostic & Therapeutic Imaging**

Computerized tomographic studies \*
Diagnostic ultrasound (includes FAST) \*
Doppler ultrasound of extremities\*
Angiography
Angioembolization
Echocardiography
Cystogram
IVC filter
Urethrogram

#### Cardiovascular

Central venous catheter \*
Pulmonary artery catheter \*
Cardiac output monitoring \*
Open cardiac massage
CPR

#### **CNS**

Insertion of ICP monitor \*
Ventriculostomy \*
Cerebral oxygen monitoring \*

#### **Gastrointestinal**

Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
Gastrostomy / jejunostomy (percutaneous or endoscopic)
Percutaneous (endoscopic)
gastrojejunoscopy

#### Musculoskeletal

Soft tissue / bony debridements \* Closed reduction of fractures Skeletal and halo traction Fasciotomy

#### Genitourinary

Ureteric catheterization (i.e. Ureteric stent) Suprapubic cystostomy

#### **Transfusion**

The following blood products should be captured over first 24 hours after hospital arrival:

Transfusion of red cells \*
Transfusion of platelets \*
Transfusion of plasma \*

In addition to coding the individual blood products listed above assign the 99.01 ICD-9 procedure code on patients that receive > 10 units of blood products over first 24 hours following hospital arrival \* For pediatric patients (age 14 and under), assign 99.01 ICD-9 procedure code on patients that receive 40cc/kg of blood products over first 24 hours following hospital arrival\*

#### Respiratory

Insertion of endotracheal tube \*
Continuous mechanical ventilation \*
Chest tube \*
Bronchoscopy \*
Tracheostomy
Open cardiac massage
CPR

#### Other

Hyperbaric oxygen Decompression chamber TPN \*

#### **National Element**

National Element HP 02 from the 2016 National Trauma Data Standard

# (Procedure Performed) LOCATION

Data Format [combo] single-choice

#### **Definition**

The hospital location where the procedure was performed.

XSD Data Type	xs: integer	X	SD Element/Domain (Simple Type)	ProcedureLocation
Multiple Entry Config	guration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

u v	aiues		
1	Minor Surgery Unit	12	Catherization Lab
2	Nuclear Medicine	13	ED
3	Observation	14	Floor
4	Other	15	GI Lab
5	Outpatient Clinic	16	ICU
6	Recovery	17	OR
7	Rehabilitation	18	Other
8	Scene	19	Radiology
			Readmit OR (planned
9	Special Procedure Unit	20	OR)
10	Step-Down	21	Tele
11	Transport from Scene		

- Operative Reports
- Triage Form / Trauma Flow Sheet
- Nurses' Documentation
- Physician Documentation
- · Anesthesia Record
- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Discharge Summary

# (Hospital Procedure) DATE STARTED\* Data Format [date]

#### **Definition**

The date operative and selected non-operative procedures were performed

XSD Data Type xs: date			XSD Element / Domain (Simple Type)  HospitalProcedureStartDate			
Multiple Entry Confi	guration	Yes	Accepts Null Value	Yes, common null values		
Required in XSD	Yes		Min. Constraint: 1990	Max. Constraint: 2030		

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

Collected as MM/DD/YYYY

#### **Data Source**

- · OR Nurses' Notes
- Operative Reports
- · Anesthesia Record
- Procedure Notes
- Trauma Flow Sheet
- ED Record
- Radiology Reports
- · Discharge Summary

#### **National Element**

• National Element HP\_03 from the 2016 National Trauma Data Standard

# (Hospital Procedure Start) TIME\* Data Format [time]

#### **Definition**

The time operative and selected non-operative procedures were performed

			XSD Element / Domain (Simple Type)		
XSD Data Type	xs: time		HospitalProcedureStartTime `	. ,,	
Multiple Entry Configuration		Yes	Accepts Null Value	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 00:00	Max. Constraint: 23:59	

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- · Collected as HHMM
- HHMM should be collected as military time
- Procedure start time is defined as the time the incision was made (or the procedure started)
- If distinct procedures with the same procedure code are performed, their start times must be different

#### **Data Source**

- OR Nurses' Notes
- Operative Reports
- Anesthesia Record
- Procedure Notes
- · Trauma Flow Sheet
- ED Record
- Radiology Reports
- Discharge Summary

#### **National Element**

National Element HP\_04 from the 2016 National Trauma Data Standard

TR 200.10

# (Physician Performing the Procedure) STAFF

Data Format [combo] single-choice

# **Definition**

Physician performing the procedure

XSD Data Type	xs: string		XSD Element/Domain (Simp	ole Type)	patientCareStaff_ID
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, o	common null values
Required in XSD	Yes				

# **Field Values**

· Relevant value for data element

- OR Nurses' Notes
- Operative Reports
- · Anesthesia Record

# **SERVICE TYPE (of the Physician)**

Data Format [combo] single-choice

#### **Definition**

Service type of the physician.

XSD Data Type	xs: integer		XSD Element/Domain (Simple Ty	/pe) service_type_ID
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

## **Field Values**

- 1 Critical Care Medicine
- 2 Ear Nose Throat
- 3 Emergency Medicine
- 4 Gastroenterology
- 5 Gynecology
- 6 General Surgery
- 7 Hand Surgery
- 8 Medicine
- 9 Neurosurgery
- 10 Obstetrics
- 11 Oral Maxillo Facial Surgery

- 12 Ophthalmology
- 13 Orthopedic Surgery
- 14 Pediatric Surgery
- 15 Pediatric Orthopedic
- 16 Plastic Surgery
- 17 Radiology
- 18 Thoracic Surgery
- 19 Trauma Surgery
- 20 Urology
- 21 Vascular Surgery

- OR Nurses' Notes
- Operative Reports
- · Anesthesia Record

TR 22.32

# (Procedure) COMMENTS Data Format [text]

# **Definition**

Additional information about the procedure

Multiple Entry Configuration No Accepts Null Value Yes, common null values

#### **Field Values**

· Relevant value for data element

- OR Nurses' Notes
- · Operative Reports
- · Anesthesia Record

#### **RESOURCE UTILIZATION**

Data Format [combo] single-choice

#### **Definition**

A list of resources used during the treatment and care of the patient

XSD Element/Domain (Simple						
XSD Data Type	xs: integer		Type)	DataElementID		
Multiple Entry Cor	nfiguration	No	<b>Accepts Null Value</b>	Yes, common null values		
Required in XSD	Yes					

#### **Field Values**

1	Adult	<b>Protective</b>	Service
		1 101661176	COLIVICE

- 2 Bi-Pap
- 3 Case Management
- 4 Cerebral Brain Flow Studies
- 5 Child Protective Service
- 6 CRRT
- 7 Dialysis
- 8 Epidural Catheter
- 9 Exceeds LOS
- 10 Factor VIIa (Novoseven)
- 11 High dose methylprednisolone
- 12 Hypertonic Saline
- 13 Level-1 Blood/Fluid Warmer
- 14 LiCox Monitor
- 15 Massive Blood Transfusion
- 16 Miama J Collar
- 17 MRI
- 18 None
- 19 Nutritionist
- 20 Occupational Therapy
- 21 Pentobarbital Coma

- OR Nurses' Notes
- Operative Reports
- · Anesthesia Record

- 22 Peripheral Parenteral Nutrition (PPN)
- 23 Physical Therapy
- 24 PICC line
- 25 PRISMA (CVVHD)
- 26 Respiratory Therapy
- 27 RN accompanied transfer
- 28 Specialized Bed
- 29 Speech Therapy
- 30 TLSO Brace
- 31 Total Parenteral Nutrition (TPN)
- 32 Traction
- 33 Transfusion of FFP
- 34 Transfusion of Platelets
- 35 Transfusion of PRBC
- 36 Tube Feeding
- 37 Uncrossmatched Blood
- 38 Vaccine Post-Splenectomy
- 39 Venous Doppler
- 40 Wound Care RN
- 41 Wound Vacuum

 $Complications/Performance\ Improvement\ Information$ 

#### National & State Element

# (Hospital) COMPLICATIONS\*

Data Format [combo] single-choice

#### **Definition**

Any medical complication that occurred during the patient's stay at your hospital.

XSD Element / Domain (Simple					
XSD Data Type	xs: integer		Type)	HospitalComplications	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

1	Cardiovascular	10	No Complications
2	Gastrointestinal	11	Prehospital Airway
3	Hematologic	12	Prehospital Fluids
4	Hepatic, Pancreatic, Biliary, Splenic	13	Prehospital Miscellaneous
5	Hospital Airway	14	Provider Errors/Delays
	Infection (Nonpulmonary,		
6	Nonorthopedic)	15	Psychiatric
7	Miscellaneous	16	Pulmonary
8	Musculoskeletal / Integumentary	17	Renal/Genitourinary
9	Neurologic	18	Vascular

#### **Additional Information**

- The value "Not Applicable" can also be used for patients with no complications
- Refer to Appendix 3: National Glossary of Terms for definitions of Complications
- · Select all that apply

#### **National Element**

National Element Q\_01 from the 2016 National Trauma Data Standard

# **Data Source Hierarchy**

- Discharge Sheet
- · History and Physical
- Billing sheet

# (Hospital) COMPLICATIONS (Sub Categories)\* Data Format [combo] single-choice

# **Definition**

Any medical complication that occurred during the patient's stay at your hospital

XSD Data Type	xs: integer N		Element / Domain (Simple Type)	
Multiple Entry Configuration	0		Accepts Null Value	Yes,
Required in XSD	Yes			
Field Values		Hospital Airway	Neurologic	Renal/Gen
Cardiovascular			Alcohol	Acute kidney
Arrhythmia •	•	Unplanned intubation	<ul><li>Withdrawal Coma (Retired</li><li>2011)</li></ul>	Ureteral inju
Base Deficit (Retired 2011)		Infection (Nonpulmonary, Nonorthopedic)	Drug or alcohol withdrawal	Urinary tract (Retired 201
Bleeding (Retired 2011)	•	Bacteremia	<ul><li>syndrome</li><li>Intracranial</li><li>pressure</li><li>(Retired 2011)</li></ul>	Urinary tract Early
Cardiac Arrest (unexpected)	•	Catheter-Related Blood Stream Infection (Retired 2016)	Stroke/CVA	
Cardiac Arrest with CPR	•	Central line-associated blood stream infection (CLABSI) <b>NEW</b> 2016	Olloko, OVA	Vascular
Cardiogenic Shock	•	Cellulitis/traumatic injury	No Complications .	Deep vein th (DVT)
Congestive Heart Failure	•	Deep surgical site infection	Other	Graft/prosthe failure (Retir
Myocardial Infarction	•	Disseminated fungal infection	Prehospital Airway	
Pericardial Effusion or Tamponade	•	Organ/space surgical site infection	Aspiration	
Shock		Sepsis-like syndrome	Esophageal Intubation (Prehospital	
•	•	Septicemia	<ul> <li>Airway)         Extubation,         Unintentional         (Prehospital</li> <li>Airway)</li> </ul>	

#### Gastrointestinal

Abdominal compartment syndrome (Retired

2011)

Abdominal fascia

(Retired 2011)

Anastomotic Leak

- Bowel Injury-latrogenic
- Dehiscence/evisceration Enterotomy-latrogenic

Small Bowel

- Obstruction
- Ulcer-Duodenal/gastric Wound disruption

#### Hematologic

Coagulopathy (Retired

2011)

### Hepatic, Pancreatic, Biliary, Splenic

**Acalulous Cholesystitis** Hepatitis

- Jaundic
- Liver Failure
- Other Hepatic/biliary Pancreatic Fistula

**Pancreatitis** 

Splenic Injury

(iatrogenic)

Severe sepsis

Sinusitis

Superficial surgical site infection

Systemic sepsis (Retired 2011)

Wound infection

Yeast infection

#### Miscellaneous

Drug Prehospital Delay

- Unplanned return to the ICU
- Unplanned return to the OR

## Musculoskeletal/Integumen tary

Compartmental Syndrome

Decubitous (blister)

Decubitous (deep)

Decubitous (minor)

Decubitous (open sore)

- Decubitous ulcer Extremity compartment
- syndrome Skin breakdown

Mainstem Intubation (Prehospital

Airway)

#### Prehospital **Fluids**

Inappropriate Fluid

- Management
- Unable to Start IV

#### Prehospital Miscellaneous

Other Prehospital

Fluid

## **Provider** Errors/Delays

## **Psychiatric Pulmonary**

Abscess

Acute respiratory distress

- syndrome Aspiration/pneum onia
- **Atelectasis** Catheterassociated urinary tract infection (CAUTI)
- **NEW 2016** Empyema

Pneumonia

- Pneumothorax Pneumothorax
- (iatrogenic) Pneumothorax (recurrent)

Pneumothorax

Pneumothorax

(barotrauma)

(tension)

- Pulmonary
- Edema Pulmonary
- embolism Respiratory
- failure Upper Airway
- Obstruction
   Ventilator-associated pneumonia (VAP)
- NEW 2016

### **Additional Information**

- A number indicates complications recognized by the NTDB.
- The value "Not Applicable" should be used for patients with no complications.
- Refer to Appendix 3: National Glossary of Terms for definitions of complications.
   For all Hospital Complications that follow the CDC definition [e.g. VAP, CAUTI, CLABSI,
- Osteomyelitis] always use the most recent definition provided by the CDC.
- Select all that apply.

# **Data Source Hierarchy**

- Discharge Sheet History and
- Physical
- Billing sheet
- Physician Notes
- Operative Report

- Progress Notes
- Radiology Report
- Respiratory Notes
- Lab Reports
- Nursing Notes/Flow Sheet

#### **National Element**

• National Element Q\_01 from the 2016 National Trauma Data Standard

# (Complication) STATUS Data Format [radio]

# **Definition**

The status of the complication.

XSD Data Type xs: integer			XSD Element/Domain (Simple Type) Status				
Multiple Entry Configuration		No	No Accepts Null Value Yes, common null v				
Required in XSD	Yes						

# **Field Values**

- 1 Open
- 2 Close

# (Complication) OCCURRENCE DATE Data Format [date]

#### **Definition**

The date that the complication was first documented

XSD Data Type	xs: string		XSD Element/Domain (Simp	le Type)	occurrencedate
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

# **Additional Information**

• Collected as MM/DD/YYYY

# (Complication) OCCURRENCE TIME Data Format [time]

#### **Definition**

The time that the complication was first documented

XSD Data Type	xs: string		XSD Element/Domain (Simple	е Туре)	occurrencetime
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

# **Additional Information**

· Collected as HHMM

# (Complication) LOCATION OF OCCURRENCE

Data Format [combo] single-choice

# **Definition**

The location that the complication occurred

XSD Element/Domain (Simple						
XSD Data Type	xs: integer		Type)	locationofoccurrence		
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common null values		
Required in XSD	Yes					

# **Field Values**

1	Burn Unit	7	OR
2	Catherization Lab	8	Pre-Hospital
3	ED	9	PTA (Referring Hospital)
4	Floor Bed	10	Radiology
5	GI Lab	11	Readmit OR (planned OR)
6	ICU	12	Telemetry / Step-Down Unit

TR

# **COMPLICATION STAFF INVOLVED**

Data Format [combo] multiple-choice

# **Definition**

Staff involved with the complication

XSD Data Type	xs: string		XSD Element/Domain (Simple 1	ype)
Multiple Entry Configuration		Yes	Accepts Null Value	No
Required in XSD	Yes			

#### **Field Values**

• Relevant value for data element

# **Additional Information**

• Press and hold "CTRL" key to select multiple values

# (Complication) PR DATE Data Format [date]

#### **Definition**

Complications peer review date

		XSD Element/Domain (Simple			
XSD Data Type	xs: string		Type)	pr_date	
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

# **Field Values**

• Relevant value for data element

# **Additional Information**

• Collected as MM/DD/YYYY

# (Complication) PR TIME Data Format [time]

# **Definition**

Complications peer review time

XSD Data Type	xs: string		XSD Element/Domain (	Simple Type)	pr_time
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

# **Additional Information**

Collected as HHMM

# (Complication) CORRECTIVE ACTION

Data Format [combo] single-choice

#### **Definition**

The action taken based on the complication

XSD Data Type	xs: integer		XSD Element/E Accepts Null	Domain (Simple Type)	correctiveaction
Multiple Entry Conf	iguration	No	Value	Yes, common i	null values
Required in XSD	Yes				

# **Field Values**

- 1 Counseling
- 2 Education
- 3 Guideline / Protocol
- 4 Not Indicated
- 5 Other
- 6 Peer Review Presentation

- 7 Privilege/Credentiating
- 8 Process Improvement Team
- 9 Resource Enhancement
- 10 Trend
- 11 Unnecessary

# (Complication) OTHER CORRECTIVE ACTION Data Format [text]

#### **Definition**

Any other action taken based on the complication

			XSD Element/Domain (Simple	•
XSD Data Type	xs: string		Type)	correctiveaction_other
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

• Relevant value for data element

### **Additional Information**

• Only completed if Correction Action is "Other"

# (Complication) DETERMINATION

Data Format [combo] single-choice

### **Definition**

Indication as to what was determined to cause the complication

XSD Element/Domain (Simple						
XSD Data Type	xs: integer		Type)	DataElementID		
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, common null values		
Required in XSD	Yes					

### **Field Values**

- 1 Cannot be Determined
- 2 Disease-Related
- 3 Procedure-Related
- 4 Provider-Related
- 5 System-Related

# FURTHER EXPLANATION / ACTION (of Complication) Data Format [text]

# **Definition**

Further explaination of the complication

			XSD Element/Domain (Sim	ple
XSD Data Type	xs: string		Type)	AdditionalNotes
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 2000

# **Field Values**

# **PREVENTABILITY (of Complication)**

Data Format [combo] single-choice

#### **Definition**

Is the complication preventable?

			XSD Element/Domain (Sim	ple
XSD Data Type	xs: integer		Type)	preventability
Multiple Entry Con	figuration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- 1 Cannot Be Determined
- 2 Non-preventable
- 3 Potentially Preventable
- 4 Preventable

# **JUDGMENT (of Complication)**

Data Format [combo] single-choice

#### **Definition**

Outcome of peer review of a complication

			XSD Element/Domain (Sim	ple
XSD Data Type	xs: integer		Type)	judgment
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- 1 Acceptable
- 2 Acceptable with Reservations
- 3 Defer Peer Review
- 4 Unacceptable
- 5 Will Never Undergo PR

TR 23.1.14

# (COMPLICATION CORRESPONDENCE) STAFF

[combo] single-choice

Data Format choice

# **Definition**

Staff involved with the complication correspondence

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	Correspondence_Staff
Multiple Entry Conf	iguration	No	Accepts Null Value	No
Required in XSD	Yes			

# **Field Values**

# (COMPLICATION CORRESPONDENCE) NOTE

**Data Format** [text]

# **Definition**

Complication correspondence note

			XSD Element/Domain (Simpl	е
XSD Data Type	xs: string		Type)	Correspondence_Note
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes		Min. Constraint: 0	Max. Constraint: 2000

# **Field Values**

# (Complication Correspondence) SOURCE

Data Format [combo] single-choice

#### **Definition**

Complication correspondence source

			XSD Element/Domain (Simple	
XSD Data Type	xs: integer		Type)	Correspondence_Source
Multiple Entry Con	figuration	No	Accepts Null Value	No
Required in XSD	Yes			

# **Field Values**

- 1 Autopsy
- 2 Conversation
- 3 Daily Rounds
- 4 EMS Run Sheet
- 5 Hospital Quality Department
- 6 Medical Record
- 7 Patient/Family Concern/Comment

- 8 PI Comm
- 9 Referrals
- 10 Risk Management Variance report
- 11 Staff Concern

# (Complication Correspondence) TYPE

Data Format [combo] single-choice

#### **Definition**

Complication correspondence type

			XSD Element/Domain (Simple	
XSD Data Type	xs: integer		Type)	Correspondence_Type
Multiple Entry Con	figuration	No	Accepts Null Value	No
Required in XSD	Yes			

# **Field Values**

1 Action Plan
2 Care Concern
3 Primary Review
4 Process Concern
5 Secondary Review
6 Tertiary Review

# (Complication Correspondence) GROUP

Data Format [combo] single-choice

# **Definition**

Complication correspondence group

			XSD Element/Domain (Simple	
XSD Data Type	xs: integer		Type)	Correspondence_Group
Multiple Entry Configuration		No	Accepts Null Value	No
Required in XSD	Yes			

# **Field Values**

1 Neuro2 Ortho4 Peds5 Trauma

3 Other

# (Performance Improvement) STATUS Data Format [radio]

# **Definition**

The status of the QA peer review judgement

			XSD Element/Domain (Sim	ple
XSD Data Type	xs: integer		Type)	Status
Multiple Entry Con	figuration	No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes			

# **Field Values**

- 1 Open
- 2 Close

# (PI) OCCURRENCE DATE

Data Format [date]

#### **Definition**

The date that the performance improvement audit occurred

			XSD Element/Domain (Simp	ole
XSD Data Type	xs: string		Type)	OccurrenceDate
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

• Relevant value for data element

### **Additional Information**

Collected as MM/DD/YYYY

# (PI) OCCURRENCE TIME

Data Format [time]

#### **Definition**

The time that the performance improvement audit occurred

			XSD Element/Domain (Simple)	ole
XSD Data Type	xs: string		Type)	occurrencetime
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

# **Additional Information**

Collected as HHMM

# **AUDIT STAFF INVOLVED**

Data Format [combo] multiple-choice

# **Definition**

Staff involved with the complication

			XSD Element/Domain (Simple	
XSD Data Type	xs: string		Type)	
Multiple Entry Configuration		Yes	Accepts Null Value	No
Required in XSD	Yes			

### **Field Values**

• Relevant value for data element

# **Additional Information**

• Press and hold "CTRL" key to select multiple values

# (PI) PR DATE Data Format [date]

# **Definition**

The QA indicator peer review date

XSD Data Type	xs: string		XSD Element/Domain (Sin	nple Type)	PR_Date
Multiple Entry Configuration		No	Accepts Null Value Yes, common		mon null values
Required in XSD	Yes				

# **Field Values**

• Relevant value for data element

# **Additional Information**

· Collected as MM/DD/YYYY

# (PI) PR TIME

Data Format [time]

# **Definition**

The QA indicator peer review time

XSD Data Type	xs: string		XSD Element/Domain (Simp	ole Type) PR_Time
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

• Relevant value for data element

# **Additional Information**

Collected as HHMM

# **FURTHER EXPLANATION / ACTION (of PI)**

Data Format [text]

# **Definition**

Further explanation of the PI

XSD Data Type	xs: string		XSD Element/Domain (Simple	Type)	AdditionalNotes
Multiple Entry Configuration N		No	Accepts Null Value	Yes, co	mmon null values
Required in XSD	Yes		Min. Constraint: 0	Ma	x. Constraint: 2000

# **Field Values**

TR31.14

# (PI CORRESPONDENCE) STAFF

[combo] single-choice

Data Format choice

# **Definition**

Staff involved with the performance improvement audit correspondence

		XSI	D Element/Domain (Simple	
XSD Data Type	xs: string		Type)	Correspondence_Staff
			Accepts Null	
Multiple Entry Co	nfiguration	No	Value	No
Required in XSD	Yes			

# **Field Values**

# (PI CORRESPONDENCE) NOTE

Data Format [text]

# **Definition**

Performance Improvement audit correspondence note

XSD Data Type	xs: string	XSD Element/Domain (Simple Type)			Correspondence_Note
Multiple Entry Configuration		No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes		Min. Constraint: 0		Max. Constraint: 2000

# **Field Values**

# (PI Correspondence) SOURCE

Data Format [combo] single-choice

# **Definition**

Performance Improvement audit correspondence source

XSD Data Type	xs: integer	XSD	Element/Domain (Simple Type)	Correspondence_Source
Multiple Entry Configuration		No	Accepts Null Value	No
Required in XSD	Yes			

### **Field Values**

- 1 Autopsy
- 2 Conversation
- 3 Daily Rounds
- 4 EMS Run Sheet
- 5 Hospital Quality Department
- 6 Medical Record
- 7 Patient/Family Concern/Comment

- 8 PI Comm
- 9 Referrals
- 10 Risk Management Variance
- 11 report
- 12 Staff Concern

TR 31.12

# (PI Correspondence) TYPE

Data Format [combo] single-choice

### **Definition**

Performance Improvement audit correspondence type

XSD Data Type	xs: integer	XSD Element/Domain (Simple Type)		Correspondence_Type
Multiple Entry Configuration		No Accepts Null Value		No
Required in XSD	Yes			

# **Field Values**

1 Action Plan
2 Care Concern
3 Primary Review
4 Process Concern
5 Secondary Review
6 Tertiary Review

TR 31.16

# (PI Correspondence) GROUP

Data Format [combo] single-choice

# **Definition**

Performance Improvement audit correspondence group

XSD Data Type	xs: integer	XSD Element/Domain (Simple Type)		Correspondence_Group
Multiple Entry Configuration		No	Accepts Null Value	No
Required in XSD	Yes			

#### **Field Values**

1 Neuro2 Ortho4 Peds5 Trauma

3 Other

Outcome Information

# **HOSPITAL DISCHARGE SERVICE**

Data Format [combo] single-choice

# **Definition**

The department that discharged the patient from the hospital

XSD Data Type	xs: integer		XSD Element/Domain (S	Simple Type)
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# Field Values

eiu v	aiues		
1	Acute Rehabilitation Medicine	26	Neurology
2	Anesthesia	27	Neurosurgery
3	Bariatric	28	Obstetric
4	Burn	29	Occuloplastic
5	Cardiology	30	Ophthalmology
6	Cardiothoracic Surgery	31	Oral Maxillo Facial Surgery
7	Chemical Dependency	32	Orthopedic Surgery
8	Critical Care Medicine	33	Pain
9	Critical Care Surgery	34	Pediatric Cardiology
10	Dentistry	35	Pediatric Critical Care Medicine
11	Dermatology	36	Pediatric Dentistry
12	Endocrinology	37	Pediatric Gastroenterology
13	Ear Nose Throat	38	Pediatric Hematology Oncology
14	Family Medicine	39	Pediatric Infection Disease
15	Gastroenterology	40	Pediatric Neurology
16	General Surgery	41	Pediatric Orthopedic
17	Geriatric	42	Pediatric Pulmonary
18	Hand	43	Plastic Surgeon
19	Hematology Oncology	44	Psychiatry
20	Infectious Disease	45	Psychology
21	Internal Medicine	46	Pulmonary
22	Kidney Transplant	47	Rheumatology
23	Liver	48	Trauma Surgeon
24	Neonatal	49	Urology
25	Nephrology	50	Vascular Surgery

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# **HOSPITAL ADMISSION DATE**

Data Format [date]

#### **Definition**

Date patient was discharged from the ED (or arrived at the facility if the patient was a direct admit)

XSD Data Type	xs: string	XSD Element/Domain (Simple Type)			AdmissionDateTime	
Multiple Entry Configuration		No Accepts Null Value Ye		Yes	es, common null values	
Required in XSD	Yes					

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- · Collected as MM/DD/YYYY
- Used to auto-generate an additional calculated field: Total Length of Hospital Stay (time from hospital admission to hospital discharge)

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# **HOSPITAL ADMISSION TIME**

Data Format [time]

#### **Definition**

Time patient was discharged from the ED (or arrived at the facility if the patient was a direct admit)

XSD Data Type	xs: string	XSD Element/Domain (Simple Type)		AdmissionTime
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as HHMM
- · HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total Length of Hospital Stay (time from hospital admission to hospital discharge)

- Hospital Records
- · Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

### HOSPITAL DISCHARGE ORDERS WRITTEN DATE

**Data Format** [date]

#### **Definition**

The date the order was written for the patient to be discharged from the hospital.

XSD Data Type	xs: string	XSI	D Element/Domain (Simple Type)	DischargeOrdersWrittenDateTime
Multiple Entry Configuration		No	No Accepts Null Value Yes, common	
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- Collected as HHMM
- · HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total Length of Hospital Stay (time from hospital admission to hospital discharge)

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# HOSPITAL DISCHARGE ORDERS WRITTEN TIME

Data Format [time]

#### **Definition**

The time the order was written for the patient to be discharged from the hospital.

XSD Data Type	xs: string	XSD	Element/Domain (Simple Type)	DischargeOrdersWrittenTime	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- · Collected as HHMM
- HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total Length of Hospital Stay (time from hospital admission to hospital discharge)

- Hospital Records
- · Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

## **HOSPITAL DISCHARGE DATE\***

Data Format [date]

#### Definition

The date the order was written for the patient to be discharged from the hospital.

			XSD Element / Domain (S	imple	
XSD Data Type	xs: date		Туре)	HospitalDischargeDate	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD Yes			Min. Constraint: 1990	Max. Constraint: 2030	

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Collected as MM/DD/YYYY
- Used to auto-generate an additional calculated field: Total Length of Hospital Stay (time from hospital admission to hospital discharge)
- Leave value blank if the null value should be "Not Applicable" if ED Discharge Disposition is "Died"
- Leave value blank if the null value should be "Not Applicable" if ED Discharge
  Disposition is "Home with Services", "Other (jail, institutional care, mental health,
  etc.)", "Home without Services", "Left against medical advice", or "Transferred to
  another hospital"

If Hospital Discharge Disposition is 5 Deceased/Expired, then Hospital Discharge Date is the date of death as indicated on the patient's death certificate.

#### **Data Source**

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary
- · Nursing Notes / Flow Sheet
- Case Management / Social Services Notes

#### **National Element**

National Element O 03 from the 2016 National Trauma Data Standard

# **HOSPITAL DISCHARGE TIME\***

Data Format [time]

#### **Definition**

The time the order was written for the patient to be discharged from the hospital.

			XSD Element / Domain (Si	mple	
XSD Data Type xs: time Type) HospitalDischa				HospitalDischargeTime	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD Yes			Min. Constraint: 00:00	Max. Constraint: 23:59	

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

- · Collected as HHMM
- · HHMM should be collected as military time
- Used to auto-generate an additional calculated field: Total Length of Hospital Stay (time from hospital admission to hospital discharge)
- Leave value blank if the null value should be "Not Applicable" if ED Discharge Disposition is "Died"
- Leave value blank if the null value should be "Not Applicable" if ED Discharge
  Disposition is "Home with Services", "Other (jail, institutional care, mental health,
  etc.)", "Home without Services", "Left against medical advice", or "Transferred to
  another hospital"

If Hospital Discharge Disposition is 5 Deceased/Expired, then Hospital Discharge

• Time is the time of death as indicated on the patient's death certificate.

#### **Data Source**

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary
- Nursing Notes / Flow Sheet
- Case Management / Social Services Notes

#### **National Element**

National Element O\_04 from the 2016 National Trauma Data Standard

# TOTAL ICU DAYS\* Data Format [number]

#### Definition

The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day

XSD Data Type	xs: integer		XSD Element / Domai	n (Simple Type)	TotallCuLos
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint: 40	00

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Recorded in full day increments with any partial day listed as a full calendar day
- The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient's chart
- If any dates are missing then a LOS cannot be calculated
- If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day
- At no time should the ICU LOS exceed the Hospital LOS
- Leave value blank if the null value should be "Not Applicable" if the patient had no ICU days according to the above definition.

#### **Data Source**

- ICU Nursing Flow Sheet
- Calculate Based on Admission Form and Discharge Sheet
- Nursing Progress Notes

#### **National Element**

National Element O\_01 from the 2016 National Trauma Data Standard

#### National Element

#### **TOTAL VENTILATOR DAYS\***

**Data Format** [number]

#### **Definition**

The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day.

XSD Data Type	xs: integer		XSD Element / Domain	n (Simple Type)	TotalVentDays
Multiple Entry Configuration		No	<b>Accepts Null Value</b>	Yes, common null values	
Required in XSD	Yes		Min. Constraint: 1	Max. Constraint:	400

#### **Field Values**

Relevant value for data element

#### **Additional Information**

- Excludes mechanical ventilation time associated with OR procedures
- Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator hours
- Recorded in full day increments with any partial day listed as a full day
- The calculation assumes that the date and time of starting and stopping Ventilator episode are recorded in the patient's chart
- If any dates are missing then a Total Vent Days cannot be calculated
- At no time should the Total Vent Days exceed the Hospital LOS
- Leave value blank if the null value should be "Not Applicable" if the patient was not on the ventilator according to the above definition.

#### **Data Source**

- ICU Respiratory Therapy Flow Sheet
- ICU Nursing Flow Sheet
- · Physician's Daily Progress Notes
- · Calculate Based on Admission Form and Discharge Sheet
- Nursing Progress Notes

#### **National Element**

National Element O 02 from the 2016 National Trauma Data Standard

#### **DISABILITY AT DISCHARGE - FEEDING**

Data Format [combo] single-choice

#### **Definition**

A score calculated to derive a baseline of trauma patient feeding disability at discharge from an acute care facility

XSD Data Type	xs: integer		XSD Element / Domain	SelfFeeding	
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null value	
Required in XSD	Yes				

#### **Field Values**

1 Dependent - Total Help
2 Dependent - Partial Help

3 Independent with Device 4 Independent

#### **Additional Information**

- Used to auto-generate an additional calculated field: FIM Score (combination of Feeding, Locomotion, and Motor scores)
- Assess as close to discharge as possible. Includes using suitable utensils to bring food to mouth, chewing, and swallowing (once meal is appropriately prepared). Opening containers, cutting meat, buttering bread and pouring liquids are not included as they are often part of meal preparation.
- Dependent-total help required: Either performs less than half of feeding tasks, or does not eat or drink full meals by mouth and relies at least in part on other means of alimentation, such as parenteral or gastrostomy feedings.
- Dependent-partial help required: Performs half or more of feeding tasks but requires supervision (e.g., standby, cueing, or coaxing) setup (application of Orthopedics), or other help.
- Independent with device: Uses an adaptive or assisting device such as a straw, spork, or rocking knifes, or requires more than a reasonable time to eat.
- Independent: Eats from a dish and drinks from a cup or glass presented in the customary manner on table or tray. Uses ordinary knife, fork, and spoon.
- Not applicable: (e.g., patient less than 7 years old, patient died, etc.)

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form

#### **DISABILITY AT DISCHARGE - LOCOMOTION**

Data Format [combo] single-choice

#### **Definition**

A score calculated to derive a baseline of trauma patient locomotion (independence) disability at discharge from an acute care facility

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	Locomotion
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values	
Required in XSD	Yes				

#### **Field Values**

- 1 Dependent Total Help
- 2 Dependent Partial Help
- 3 Independent with Device
- 4 Independent

#### **Additional Information**

- Used to auto-generate an additional calculated field: FIM Score (combination of Feeding, Locomotion, and Motor scores)
- Includes walking once in a standing position, or using a wheelchair, once in a seated position, indoors
- Dependent total help required: Performs less than half of locomotion effort to go a minimum of 50 feet, or does not walk or wheel a minimum of 50 feet. Requires assistance of one or more persons.
- Dependent partial help required: If walking, requires standby supervision, cueing, or coaxing to go a minimum of 150 feet, or walks independently only short distances (a minimum of 50 feet). If not walking, requires standby supervision, cueing, or coaxing to go a minimum of 150 feet in wheelchair, or operates manual or electric wheelchair independently only short distances (a minimum of 50 feet).
- Independent with Device: Walks a minimum of 150 feet but uses a brace or prosthesis on leg, special adaptive shoes, cane, crutches, or walker; takes more than a reasonable time; or there are safety considerations. If not walking, operates manual or electric wheelchair independently for a minimum of 150 feet; turns around; maneuvers the chair to a table, bed, toilet; negotiates at least a 3% grade; maneuvers on rugs and over doorsills.
- Independent: Walks a minimum of 150 feet without assisting devices. Does not use a wheelchair. Performs safely.
- Not applicable: (e.g., patient less than 7 years old, patient died, etc.)

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form

# **DISABILITY AT DISCHARGE - EXPRESSION (MOTOR)**

Data Format [combo] single-choice

#### **Definition**

A score calculated to derive a baseline of trauma patient motor (expression) disability at discharge from an acute care facility

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	Expression
Multiple Entry Configuration		No	Accepts Null Value	Yes, common r	null values
Required in XSD	Yes				

#### **Field Values**

1 Dependent - Total Help
2 Dependent - Partial Help

3 Independent with Device 4 Independent

#### **Additional Information**

- Used to auto-generate an additional calculated field: FIM Score (combination of Feeding, Locomotion, and Motor scores)
- Includes clear expression of verbal or nonverbal language. This means expressing linguistic information verbally or graphically with appropriate and accurate meaning and grammar
- Dependent total help required: Expresses basic needs and ideas less than half of the time. Needs prompting more than half the time or does not express basic needs appropriately or consistently despite prompting
- Dependent partial help required: Expresses basic needs and ideas about everyday situations half (50%) or more than half of the time. Requires some prompting, but requires that prompting less than half (50%) of the time
- Independent with Device: Expresses complex or abstract ideas with mild difficulty. May require an augmentative communication device or system
- Independent: Expresses complex or abstract ideas intelligibly and fluently, verbal or nonverbal, including signing or writing
- Not applicable: (e.g., patient less than 7 years old, patient died, etc.)

- Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form

#### **HOSPITAL DISCHARGE DISPOSITION\***

Data Format [combo] single-choice

#### **Definition**

The disposition of the patient when discharged from the hospital

XSD Data Type	xs: integer		XSD Element / Domain (Simple Type)		
Multiple Entry Configuration		No	lo HospitalDischargeDisposition		
Required in XSD	Yes		Accepts Null Value	Yes, common null values	

#### **Field Values**

- 1 Discharged/Transferred to a short-term general hospital for inpatient care
- 2 Discharged/Transferred to an Intermediate Care Facility (ICF)
- 3 Discharged/Transferred to home under care of organized home health service
- 4 Left against medical advice (AMA) or discontinued care
- 5 Expired
- 6 Discharged home with no home services
- 7 Discharged/Transferred to Skilled Nursing Facility (SNF)
- 8 Discharged/Transferred to hospice care
- 9 RETIRED 2014 Discharged/Transferred to another type of rehabilitation or long-term care facility
- 10 Discharged/Transferred to court/law enforcement
- 11 Discharged/Transferred to inpatient rehab or designated unit
- 12 Discharged/Transferred to Long Term Care Hospital (LTCH)
- 13 Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 14 Discharged/Transferred to another type of institution not defined elsewhere

#### **Additional Information**

- "Home" refers to the patient's current place of residence (e.g., prison, Child Protective Services, etc.)
- · Field values based upon UB-04 disposition coding
- Disposition to any other non-medical facility should be coded as "Discharged home with no home services"
- Disposition to any other medical facility should be coded as "Discharged / Transferred to another type of institution not defined elsewhere"
- Refer to Appendix 6: Indiana Glossary of Terms for definitions of facility types
- The null value "Not Applicable" is used if ED Discharge Disposition value is "Died"

•

The null value "Not Applicable" is used if ED Discharge Disposition value is "Home with Services", "Other (jail, institutional care, mental health, etc.)", "Home without services", "Left against medical advice", or "Transferred to another hospital"

#### **Data Source**

- Hospital Records
- Physician Discharge Summary
  - Nurses' Notes

- Billing Sheet / Medical Records Coding Summary Sheet
- Case Manager / Social Services' Notes

# **National Element**

National Element O\_05 from the 2016 National Trauma Data Standard

# **HOSPITAL TRANSFERRED TO**

Data Format [combo] single-choice

#### **Definition**

Name of the receiving facility the patient was transferred to

XSD Data Type	xs: string	XSD Element/Domain (Simple Type)		TransferTo_ID
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

Relevant value for data element

#### **Additional Information**

 Only completed if Hospital Disposition "Acute Care Hospital", "Burn Care Facility", or "Rehab or long-term facility" is selected

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# (Other) FACILITY (Transferred to) Data Format [text]

# **Definition**

Any other identifying facility not found on the available list of options to which the patient was discharged

XSD Data Type	xs: string	XSD E	Element/Domain (Simple Type)	transferto_otherfacilityname
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

· Relevant value for data element

#### **Additional Information**

• Only completed if Hospital Transferred to "Other" is selected

- Hospital Records
- · Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# (Other) CITY (Transferred to) Data Format [text]

# **Definition**

The city in which the transfer facility is located

XSD Data Type	xs: string	XSD E	Element/Domain (Simple Type)	transferto_otherfacilitycity
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

· Relevant value for data element

# **Additional Information**

· Only completed if Hospital Transferred to "Other" is selected

- · Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# (Other) STATE (Transferred to) Data Format [text]

# **Definition**

The state in which the transfer facility is located

XSD Data Type	xs: string	XSD Element/Domain (Simple Type)		transferto_otherfacilitystate
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

• Relevant value for data element

# **Additional Information**

· Only completed if Hospital Transferred to "Other" is selected

- Hospital Records
- · Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# (Discharge) TRANSPORT MODE

Data Format [combo] single-choice

# **Definition**

Discharge transport mode

XSD Data Type	xs: integer	XSD Element/Domain (Simple Type)		DischargeTransportMode
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- 1 Ambulance
- 2 Helicopter
- 3 Fixed Wing
- 4 Police
- 5 Private Vehicle

#### **Additional Information**

• Only completed if Hospital Disposition "Acute Care Hospital" is selected

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# (Hospital Outcome) DESTINATION DETERMINATION

Data Format [combo] single-choice

# **Definition**

The reason the facillity transferred this patient to another acute care hospital

XSD Data Type	xs: string	XSD E	Element/Domain (Simple Type)	DestinationDetermination
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- · Hospital of Choice
- · Specialty Resource Center

# **Additional Information**

• Only completed if Hospital Disposition "Acute Care Hospital" is selected

- · Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

National & State Element

# **WORK-RELATED\***

Data Format [combo] single-choice

#### **Definition**

Indication of whether the injury occurred during paid employment

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	WorkRelated
Multiple Entry Configuration		No	Accepts Null Value	Yes, commor	n null values
Required in XSD	Yes				

#### **Field Values**

1 Yes 2 No

#### **Additional Information**

 If work related, two additional data fields must be completed: Patient's Occupational Industry and Patient's Occupation

# **Data Source**

- EMS Run Sheet
- Triage Form / Trauma Flow Sheet
- · ED Nurses' Notes
- Other ED Documentation
- Face Sheet
- History & Physical

# **National Element**

National Element I\_03 from the 2016 National Trauma Data Standard

#### **PATIENT'S OCCUPATION\***

Data Format [combo] single-choice

#### **Definition**

The occupation of the patient

			XSD Element / Domain	(Simple
XSD Data Type	xs: integer		Туре)	Patients Occupation
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- 1 Business and Financial Operations Ocp
- 2 Architecture and Engineering Ocp
- 3 Community and Social Services Ocp
- 4 Education, Training, and Library Ocp
- 5 Healthcare Practitioners and Technical Ocp
- 6 Protective Service Ocp
- 7 Building and Grounds Cleaning and Maintenance
- 8 Sales and Related Ocp
- 9 Farming, Fishing, and Forestry Ocp
- 10 Installation, Maintenance, and Repair Ocp
- 11 Transportation and Material Moving Ocp
- 12 Management Ocp
- 13 Computer and Mathematical Ocp

- 14 Life, Physical, and Social Science Ocp
- 15 Legal Ocp
- 16 Arts, Design, Entertainment, Sports, and Media
- 17 Healthcare Support Ocp
- 18 Food Prep & Serving Related
- 19 Personal Care & Service Ocp
- 20 Office & Admin Support Ocp
- 21 Construction and Extraction Ocp
- 22 Production Ocp
- 23 Military Specific Ocp

#### **Additional Information**

- Only completed if injury is work-related
- If work related, also complete Patient's Occupational Industry
- Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC)
- The null value "Not Applicable" is used if Work Related is 2. No.

#### **Data Source**

- Triage Form / Trauma Flow Sheet
- EMS Run Sheet

- ED Nurses' Notes
- Other ED documentation
- Face Sheet

#### **National Element**

National Element I\_05 from the 2016 National Trauma Data Standard

# PATIENT'S OCCUPATIONAL INDUSTRY\*

Data Format [combo] single-choice

#### **Definition**

The occupational industry associated with the patient's work environment

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)
Multiple Entry Configuration		No	PatientsOccupationalIndustry	
Required in XSD	Yes		Accepts Null Value	Yes, common null values

#### **Field Values**

1	Finance, Insurance, and Real	7	Education and Health Services
	Estate	8	Construction
2	Manufacturing	9	Government
3	Retail Trade	10	Natural Resources and Mining
4	Transportation and Public	11	Information Services
	Utilities	12	Wholesale Trade
5	Agriculture, Forestry, Fishing	13	Leisure and Hospitality
6	Professional and Business	14	Other Services
	Services		

# **Additional Information**

- If work related, also complete Patient's Occupation
- Based upon US Bureau of Labor Statistics Industry Classification

# **Data Source**

- Triage Form / Trauma Flow Sheet
- EMS Run Sheet
- ED Nurses' Notes
- Other ED Documentation
- Face Sheet

#### **National Element**

• National Element I 04 from the 2016 National Trauma Data Standard

TR2.27

# PATIENT'S OCCUPATIONAL INDUSTRY DESCRIPTION

**Data Format** [text]

#### **Definition**

A description of the occupational industry associated with the patient's work environment

XSD Data Type			XSD Element / Domain (Simple Type)		
Multiple Entry Confi	iguration	No			
Required in XSD	No		Accepts Null Value	No	

# **Field Values**

Relevant value for data element

# **Additional Information**

· Only completed if injury is work-related

- Triage Form / Trauma Flow Sheet
- EMS Run Sheet
- ED Nurses' Notes
- Other ED Documentation

TR2.12

# PATIENT'S OCCUPATION DESCRIPTION

**Data Format** [text]

# **Definition**

The description of the occupation of the patient

XSD Data Type		XSD Element / Domain (Simple Type)		
Multiple Entry Configuration	n No	Accepts Null Value	No	
Required in XSD No	o			

# **Field Values**

· Relevant value for data element

# **Additional Information**

· Only completed if injury is work-related

- Triage Form / Trauma Flow
   ED Nurses' Notes Sheet
- EMS Run Sheet

- Other ED documentation

# **DISABILITY AT DISCHARGE - FIM SCORE**

**Data Format** [number]

#### **Definition**

A score calculated (by adding together the Feeding, Independence, and Motor scores) to derive a baseline of trauma patient disability at discharge from an acute care facility, using three components: Feeding, Locomotion (Independence), and Motor (Expression)

XSD Data Type	xs: string	XS	D Element/Domain (Simple T	Гуре)	FIM_score
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### **Field Values**

- · Relevant value for data element
- Auto-calculated by combining Feeding, Locomotion, and Motor scores when entered

- · Billing Sheet / Medical Records Coding Summary Sheet
- Hospital Admission Form

# **LOCATION OF DEATH**

Data Format [combo] single-choice

# **Definition**

The location where the patient expired

XSD Data Type	xs: integer	XSD E	Element/Domain (Simple Type)	locationofdeath
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

1 ICU 4 OR

2 Floor 5 Prior to Arrival

3 ER

# **Additional Information**

• Only completed if Hospital Disposition is "Expired"

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# **DATE & TIME OF DEATH**

Data Format [Date] [Time]

# **Definition**

Date and time the patient expired

XSD Data Type	xs: integer	XS	D Element/Domain (Simple T	ype)	DateTimeofDeath
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes,	common null values
Required in XSD	Yes				

#### **Field Values**

· Relevant value for data element

# **Additional Information**

• Only completed if Hospital Disposition is "Expired"

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# **DEATH CIRCUMSTANCE**

Data Format [combo] single-choice

# **Definition**

Indicates patient's primary cause of death

XSD Data Type	xs: integer	XSD E	Element/Domain (Simple Type)	DeathCircumstance
Multiple Entry Confi	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

IU V	alucs		
1	Brain Injury	14	Thoracic Aortic Transection
2	Burn Shock	15	Trauma Shock
3	Cardio Failure	16	Treatment Withheld
4	Drowning	17	Brain Death
5	Electrocution	18	Sepsis
6	Heart Laceration	19	Cardiac Arrest due to
7	Liver Laceration	20	Strangulation
8	Multiple Organ	21	Cardiac Arrest
9	Failure/Metabolic	22	Family D/C Life Support
10	Other	23	Medical
11	Pre-Existing Illness	24	Multisystem Trauma
12	Pulmonary Failure	25	Trauma Wound
13	Pulmonary Failure/Sepsis		

# **Additional Information**

• Only completed if Hospital Disposition is "Expired"

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary
- Autopsy Report

# OTHER (Death Circumstance) DESCRIPTION Data Format [text]

# **Definition**

The circumstance under which the patient died

		XSD E	lement/Domain (Simple	
XSD Data Type	xs: string	Type)		DeathCircumstance_OtherDesc
Multiple Entry Configuration		No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

# **Field Values**

· Relevant value for data element

# **Additional Information**

· Only completed if Death Circumstance is "Other"

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary
- Autopsy Report

# **ORGAN DONATION**

Data Format [combo] single-choice

# **Definition**

To make a gift of a differentiated structure (as a heart, kidney, leaf, or stem) consisting of cells and tissues and performing some specific function in an organism

XSD Data Type	xs: integer		XSD Element / Domain (S	Simple Type)	OrganDonation
Multiple Entry Conf	figuration	No	Accepts Null Value	Yes, commo	on null values
Required in XSD	Yes				

# **Field Values**

- 1 Yes
- 2 No
- 3 Tissue Donation

# **Additional Information**

• Only completed if Hospital Disposition is "Expired"

# **Data Source**

· Hospital Documentation

# **AUTOPSY PERFORMED**

Data Format [combo] single-choice

# **Definition**

An examination of a body after death to determine the cause of death or the character and extent of changes produced by disease

XSD Data Type	xs: integer		XSD Element / Domain	(Simple Type)	Autopsy
Multiple Entry Configuration		No	Accepts Null Value Yes, common null value		ıll values
Required in XSD	Yes				

# **Field Values**

- 1 Yes
- 2 No

# **Additional Information**

• Only completed if Hospital Disposition is "Expired"

# **Data Source**

· Hospital Documentation

# **ADVANCED DIRECTIVE**

Data Format [combo] single-choice

# **Definition**

Determination whether the patient had an Advanced Directive

XSD Data Type	xs: integer	XSD E	Element/Domain (Simple Type)	AdvancedDirective
Multiple Entry Conf	iguration	No	Accepts Null Value	Yes, common null values
Required in XSD	Yes			

#### **Field Values**

- 1 Yes
- 2 No

# **Additional Information**

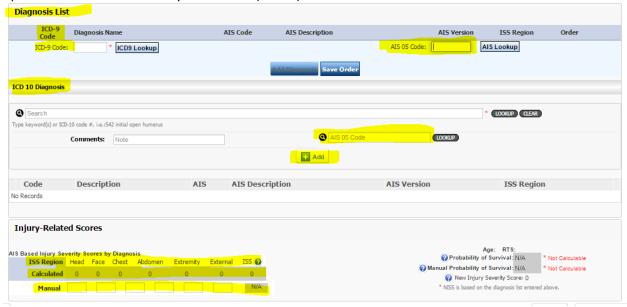
• Only completed if Hospital Disposition is "Expired"

- Hospital Records
- Billing Sheet / Medical Records Coding Summary Sheet
- Physician Discharge Summary

# Regarding Injury Severity Score (ISS) and Abbreviated Injury Score (AIS)\*

In ImageTrend, the ISS is calculated from the AIS codes by using the AIS region and severity that is associated with the AIS code. The AIS codes are entered along with a corresponding ICD-9 or ICD-10.

When an ICD-9 or ICD-10 code is added to a patient, the ImageTrend Patient Registry can show the registrar the AIS code used frequently with the diagnosis. If the registrar agrees with the stated code, they can click the **add** button. When the Diagnosis and AIS are added, the system will automatically update the ISS and Probability of Survival. (Below)



The ImageTrend Patient Registry use the AIS 05 with updates from 2008. Also, in addition to calculating the ISS, the New Injury Severity Score (NISS) will also be calculated.

Appendix 1: Auto Calculated Variables Based Upon Existing Data Elements

# **Variables Auto-Calculated Based on Existing Data Elements**

1. Trauma Registry Number (Data Element: TR5.12)

Definition: Number assigned by the registry software program or registrar that provides a unique identifier for a patient within a specific institution

Calculation: Auto-Calculated

2. Injury Intentionality (Data Element: TR20.11)

*Definition:* An indication of whether an injury was caused by an act carried out on purpose by oneself or by another person(s), with the goal of injuring or killing.

Calculation: A matrix table grouping External Cause of Injury Codes (E-Codes) into two classifications: <u>mechanism</u> of injury or cause of death (e.g., falls, etc.) by <u>intent</u> of injury or manner of death (i.e., unintentional or "accidental", etc. [See Tables 1 and 2, pages 302-303). An electronic version of the CDC matrix may be viewed at: <a href="http://www.cdc.gov/injury/wisqars/ecode\_matrix.html">http://www.cdc.gov/injury/wisqars/ecode\_matrix.html</a>

3. Trauma Type (Data Element: TR5.13)

*Definition:* An indication of the type (or nature) of trauma produced by an injury.

Calculation: Injury diagnoses are categorized according to the Barell Matrix (See Tables 3 to 7, pages 304-308), a two-dimensional array of ICD-9-CM codes grouped by body region and nature of injury. An electronic version of the Barell Matrix may be viewed at: http://www.cdc.gov/nchs/data/ice/final\_matrix\_post\_ice.pdf

4. Inter-Facility Transfer (Data Element: TR25.54)

Definition: Was the patient transferred to your facility from another acute care facility?

Calculation: TR16.22 – Arrived From is "Referring Hospital" and TR8.8 – Transported to Your Facility By is "EMS/Ground", "Helicopter/Air", or "Fixed Wing"

5. Total EMS Response Time

*Definition:* The total elapsed time from dispatch of the EMS transporting unit to scene arrival of the EMS transporting unit (i.e., the time the vehicle stopped moving).

Calculation: EMS Unit Arrival on Scene DateTime - EMS Dispatch DateTime

#### 6. Total EMS Scene Time

Definition: The total elapsed time from EMS transporting unit scene arrival to EMS transporting unit scene departure (i.e., the time the vehicle started moving).

#### 7. Total EMS Time

Definition: The total elapsed time from dispatch of the EMS transporting unit to hospital arrival of the EMS transporting unit.

Calculation: ED/Hospital Arrival DateTime - EMS Dispatch DateTime

#### 8. Overall GCS – EMS score (adult and pediatric)

Definition: A scale calculated in the pre-hospital setting which evaluates the patient's initial level of awareness, which indirectly indicates the extent of neurologic injury. The scale rates three categories of patient responses: eye opening, best verbal response, and best motor response. The lowest score is 3 and is indicative of no response; the highest score is 15 and indicates the patient is alert and aware of his or her surroundings.

Calculation: Initial Field GCS Eye + Initial Field GCS Verbal + Initial Field GCS Motor

#### 9. Revised Trauma Score – EMS (adult and pediatric)

Definition: The Revised Trauma Score is a physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient in the pre-hospital setting.

Calculation: RTS = 0.9368\*(Initial Field GCS Total) + 0.7326\*(Initial Field Systolic Blood Pressure) + 0.2908\*(Initial Field Respiratory Rate)

# 10. Overall GCS – Referring Hospital score (adult and pediatric)

Definition: A scale calculated at the referring hospital which evaluates the patient's initial level of awareness, which indirectly indicates the extent of neurologic injury. The scale rates three categories of patient responses: eye opening, best verbal response, and best motor response. The lowest score is 3 and is indicative of no response; the highest score is 15 and indicates the patient is alert and aware of his or her surroundings.

Calculation: Referring Hospital GCS Eye + Referring Hospital GCS Verbal

#### + Referring Hospital GCS Motor

#### 11. Revised Trauma Score – Referring Hospital (adult and pediatric)

*Definition:* The Revised Trauma Score is a physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient at the referring hospital.

Calculation: RTS = 0.9368\*(Referring Hospital GCS Total) + 0.7326\*(Referring Hospital Systolic Blood Pressure) + 0.2908\*(Referring Hospital Respiratory Rate)

#### 12. Total ED Time

Definition: The total elapsed time the patient was in the emergency department (ED)

Calculation: ED Discharge DateTime – ED Arrival DateTime

# 13. Overall GCS – ED score (adult and pediatric)

Definition: A scale calculated in the ED or hospital setting which evaluates the patient's initial level of awareness, which indirectly indicates the extent of neurologic injury. The scale rates three categories of patient responses: eye opening, best verbal response, and best motor response. The lowest score is 3 and is indicative of no response; the highest score is 15 and indicates the patient is alert and aware of his or her surroundings.

Calculation: Initial ED/Hospital GCS Eye + Initial ED/Hospital GCS Verbal + Initial ED/Hospital GCS Motor

#### 14. Revised Trauma Score – ED (adult and pediatric)

Definition: The Revised Trauma Score is a physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient in the ED or hospital setting.

Calculation: RTS = 0.9368\*(Initial ED/Hospital GCS Total) + 0.7326\*(Initial ED/Hospital Systolic Blood Pressure) + 0.2908\*(Initial ED/Hospital Respiratory Rate)

#### 15. Abbreviated Injury Scale (six body regions)

Definition: The Abbreviated Injury Scale (AIS) is an anatomical scoring system first introduced in 1969. Since this time it has been revised and updated against survival to provide a ranking of the severity of injury. AIS scores are available for six body regions: Head/Neck (Data Element: TR21.2), Face (Data Element: TR21.5), Chest (Data

Element: TR21.3), Abdominal (*Data Element: TR21.6*), Extremities (including pelvis) (*Data Element: TR21.4*), and External (*Data Element TR21.7*). The AIS is monitored by a scaling committee of the Association for the Advancement of Automotive Medicine.

Calculation: Injuries are ranked on a scale of 1 to 6, with 1 being minor, 5 severe and 6 an insurvivable injury. This represents the 'threat to life' associated with an injury and is not meant to represent a comprehensive measure of severity. The AIS is not a true scale, in that the difference between any two AIS scores is not the same as the difference between another set of two scores.

#### 16. Injury Severity Score (Data Element: TR21.8)

Definition: The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries.

Calculation: Each injury is assigned an AIS score and is allocated to one of six body regions. The 3 most severely injured body regions have their AIS score squared and added together to produce the ISS score. Only the highest AIS score in each body region is used. The ISS score takes values from 0 to 75. If an injury is assigned an AIS of 6 (Insurvivable injury), the ISS score is automatically assigned to

75. An electronic version of this information may be viewed at: http://www.trauma.org/archive/scores/iss.html

# 17. Probability of Survival (Data Element: TR21.9)

Definition: The Trauma Score – Injury Severity Score (TRISS) determines the probability of survival (Ps) of a patient from the ISS, RTS, and patient's age.

Calculation: The following formula is used:  $Ps = 1 / (1 + e^{-b})$ 

'b' is calculated from: b = b0 + b1(RTS) + b2(ISS) + b3(AgeIndex).

b0 to b3 are coefficients derived from multiple regression analysis of the Major Trauma Outcomes Study (MTOS) database. The coefficients are different for blunt and penetrating trauma. If the patient is less that 15 years of age, the blunt coefficients are used regardless of the mechanism.

	Blunt	Penetrating
b0	-0.4499	-2.5355
b1	0.8085	0.9934

b2	-0.0835	-0.0651
b3	-1.7430	-1.1360

AgeIndex is 0 if the patient is below 54 years of age or 1 if 55 years of age and over. An electronic version of this information may be viewed at: <a href="http://www.trauma.org/archive/scores/triss.html">http://www.trauma.org/archive/scores/triss.html</a>

# 18. New Injury Severity Score (Data Element: TR21.24)

Definition: As multiple injuries within the same body region are only assigned a single score, a proposed modification of ISS, the "New Injury Severity Score" (NISS), was proposed.

Calculation: This is similar to how ISS is calculated, but NISS is calculated as the sum of the squares of the top three scores regardless of body region.

# 19. Total Length of Hospital Stay (Data Element: TR25.44)

Definition: The total elapsed time the patient was in the hospital.

Calculation: Hospital Discharge DateTime – ED/Hospital Arrival DateTime

Table 1: Modification of the Injury Intentionality CDC Matrix (Cut/Pierce to Overexertion)

		Man	ner/Intent		
Mechanism/Cause	Unintentional	Self-inflicted	Assault	Undetermined	Other
Cut/pierce	E920.09	E956	E966	E986	E974,
					E995.2
Drowning / submersion	E830.09	E954	E964	E984	E995.4
	E832.09				
	E910.09				
Fall	E880.0-E886.9	E957.09	E968.1	E987.09	
	E888				
Fire/burn	E890.0-E899	E958(.1,.2,.7)	E961	E988(.1,.2,.7)	
	E924.09		E968(.0,.3)		
			E979.3		
Fire/Flame	E890.0-E899	E958.1	E968.0	E988.1	
			E979.3		
Hot object / substance	E924.09	E958.2	E961	E988.2	
		E958.7	E968.3	E988.7	
Firearm	E922.03	E955.04	E965.04	E985.04	E970
	E922(.8,.9)		E979.4		
Machinery	E919.09				
Motor Vehicle Traffic	E810-E819(.09)	E958.5	E968.5	E988.5	
Occupant	E810-E819(.0)				
	E810-E819(.1)				
Motorcyclist	E810-E819(.2)				
	E810-E819(.3)				
Pedal Cyclist	E810-819(.6)				
Pedestrian	E810-819(.7)				
Unspecified	E810-E819(.9)				
Pedal Cyclist, Other	E800-E807(.3)				
	E820-E825(.6)				
	E826.1,.9				
	E827-E829(.1)				
Pedestrian, Other	E800-E807(.2)				
	E820-E825(.7)				
	E826-E829(.0)				

Transport, Other	E800-	E958.6	E988.6	
	E807(.0,.1,.8,.9)			
	E820-E825(.0-			
	.5,.8,.9)			
	E826.28			
	E827-E829(.29)			
	E831.09			
	E833.0-E845.9			
Natural/Environmental	E900.00-E909	E958.3	E988.3	
	E928.02			
Bites/Stings	E905.06,.9			
	E906.04,.5,.9			
Overexertion	E927.04,.8,.9	_		

Table 2: Modification of the Injury Intentionality CDC Matrix (Poisoning to All External Causes)

		N	lanner/Intent		
Mechanism/Cause	Unintentional	Self-inflicted	Assault	Undetermined	Other
Poisoning	E850.0-E869.9	E950.0-	E962.09	E980.0-E982.9	E972
	2000.0 2000.0	E952.9	E979.6	2300.0 2302.3	2372
		2552.5	E979.7		
Struck by, Against	E916-E917.9		E960.0		E973
•			E968.2		E975 (.0,.1)
Suffocation	E911-E913.9	E953.09	E963	E983.09	E995.3
Other Specified and	E846-E848	E955.5	E960.1	E985.5	E971
Classifiable	E914-E915	E955.6	E965.59	E985.6	E978
	E918	E955.7	E967.09	E985.7	E990-E994
	E921.09	E955.9	E968.4,.6,.7	E988.0	E996
	E922.4	E958.0	E979.02,	E988.4	E997.02
	E922.5	E958.4	E979.5		
	E923.09		E979.8		
	E925.0-E926.9		E979.9		
	E928.35				
	E929.05				
Unspecified	E887	E958.9	E968.9	E988.9	E976
	E928.9				E997.9
	E929.9				
All Injury	E800-E869	E950-E959	E960-E969	E980-E989	E970-E978
	E880-E929		E979		E990-E999.0
			E999.1		
Adverse Effects					E870-E879
					E930.0-E949.9
Medical Care					E870-879
Drugs					E930.0-e949.9
All external causes					E800-E999

Table 3: Modification of the Barell Injury Diagnosis Matrix, Classification by Body Region (Head and Neck) and Nature of the Injury

Dody Regic	•	,	Head an		, <u>, , , , , , , , , , , , , , , , , , </u>			
	Trai	umatic Brain Inj	ury		Other He	ad, Face, a	nd Neck	
	Type 1 TBI	Type 2 TBI	Type 3 TBI	Othe r Head	Face	Eye	Neck	Head, Face, & Neck Unspecified
Fracture 800-829	800,801,803 ,804(.14, .69) 800,801,803 ,804(.0305, .5355)	800,801,803 ,804(.00, .02,.06,.09) 800,801,803 ,804(.50, .52,.56,.59)	800.1 800.51 803.1 803.51 804.1 804.51	-	802	-	807.5 807.6	-
Dislocation 830-839	-	-	-	-	830	-	-	-
Sprains & Strains 840-848	-	-	-	-	848.01	-	848.2	-
Internal 850-854 860-869 952 995.55	850(.24) 851 852 853 854 995.55	850.0 850.1 850.5 850.9	-	-	-	-	-	-
Open Wound 870-884 890-894	-	-	-	873.01, .89	872 873.27	870 871	874	-
Amputations 885-887 895-897	-	-	-	-	-	-	-	-
Blood Vessels 900-904	-	-	-	-	-	-	-	900
Contusion / Superficia I 910-	-	-	-	-	-	918 921	-	910 920
Crush 925- 929	-	-	-	-	-	-	925.2	925.1

Burns 940-	_	-	-	941.x6	941.x1	940	941.x8	941.x0
949					941.x3x5	941.x2		941.x9
					941.x7			947.0
Nerves	950(.13)	-	-	951	-	950.0	953.0	957
950-951						950.9	954.0	
953-957								
Unspecified	-	-	-	959.01	-	-	-	959.09
959								

Source: http://www.cdc.gov/nchs/data/ice/final\_matrix\_post\_ice.pdf

Table 4: Modification of the Barell Injury Diagnosis Matrix, Classification by Body Region (Spine and Back) and Nature of the Injury

				Spi	ne and Bac	k				
		Spi	nal Cord (S	CI)		Vertebral Column (VCI)				
	Cervical SCI	Thoracic / Dorsal SCI	Lumbar SCI	Sacrum Coccyx SCI	Spine + Back unspeci fied SCI	Cervical VCI	Thoracic / Dorsal VCI	Lumbar VCI	Sacrum Coccyx VCI	Spine + Back unspecifi ed SCI
Fracture 800-829	806.0- .1	806.23	806.4- .5	806.6- .7	806.8-	805.0- .1	805.23	805.4- .5	805.6- .7	805.89
Dislocation 830-839	-	-	-	-	-	839.0- .1	839.21 839.31	839.20 839.30	.42 839.51- .52	839.40 839.49 839.50 839.59
Sprains & Strains 840-848	-	-	-	-	-	847.0	847.1	847.2	847.3- .4	-
Internal 850-854 860-869 952 995.55	952	952.1	952.2	952.3- .4	952.8- .9	-	-	-	-	-
Open Wound 870-884 890-894	-	-	-	-	-	1	-	-	-	-
Amputatio ns 885- 887 895-897	-	-	-	-	-	-	-	-	-	-
Blood Vessels 900-904	-	-	-	-	-	-	-	-	-	-
Contusion / Superficial 910-924	-	-	-	-	-	-	-	-	-	-
Crush 925-929	-	-	-	-	-	-	-	-	-	-

Burns	-	-	-	-	-	-	-	-	-	-
940-949										
Nerves	-	-	-	-	-	-	-	-	-	-
950-951										
953-957										
Unspecifie	-	-	-	-	-	-	-	-	-	-
d										
959										

Source: http://www.cdc.gov/nchs/data/ice/final\_matrix\_post\_ice.pdf

Table 5: Modification of the Barell Injury Diagnosis Matrix, Classification by

Body Region (Torso) and Nature of the Injury

	-		Torso		
			Torso		
	Chest (Thorax)	Abdomen	Pelvis & Urogenital	Trunk	Back and Buttock
Fracture 800-829	807.04	-	808	809	-
Dislocation 830-839	839.61 839.71	1	839.69 839.79	-	-
Sprains & Strains 840-848	848.34	-	846 848.5	-	847.9
Internal 850-854 860-869 952 995.55	860-862	863-866 868	867	-	-
Open Wound 870-884 890-894	875 879.01	879.25	877-878	879.67	876
Amputations 885-887 895-897	-		-	-	-
Blood Vessels 900-904	901	902.04	902.5 902(.8182)	-	-
Contusion / Superficial 910-924	922.0 922.1 922.33	922.2	922.4	911 922.89	922.3132
Crush 925-929	926.19	-	926.0 926.12	926.89	926.11
Burns 940-949	942.x1x2	942.x3 947.3	942.x5 947.4	942.x0 942.x9	942.x4
Nerves 950-951 953-957	953.1	953.2 953.5	953.3	954.1 954.89	-
Unspecified 959	-	-	х	959.1	-

Source: http://www.cdc.gov/nchs/data/ice/final\_matrix\_post\_ice.pdf

Table 6: Modification of the Barell Injury Diagnosis Matrix, Classification by Body Region (Extremities) and Nature of the Injury

	Extremities									
		Upp	er					Lower		
	Shoulder & Upper Arm	Forearm & Elbow	Wrist, Hand, & Fingers	Other & Unspecifie d	Hip	Upper Leg & Thigh	Knee	Lower Leg & Ankle	Foot & Toes	Other & Unspecified
Fracture 800-829	810-812	813	814- 817	818	820	821	822	823- 824	825- 826	827
Dislocation 830-839	831	832	833 834	-	835	-	836	837	838	-
Sprains & Strains 840-848	840	841	842	-	843	-	844.03	845.0	845.1	844.8 844.9
Internal 850-854 860-869 952 995.55	-	-	-	-	-	-	-	-	-	-
Open Wound 870-884 890-894	880	881.x0- .x1	881.x2 882 883	884	Х	Х	Х	Х	892- 893	890-891 894
Amputations 885-887 895-897	887.23	887.01	885- 886	887.47	-	897.2- .3	-	897.0- .1	895- 896	897.47
Blood Vessels 900-904	1	1	-	903	-	-	-	-	-	904.08
Contusion / Superficial 910-924	912 923.0	923.1	914- 915 923.2- .3	913 923.8 923.9	924 .01	924.00	924.11	924.10 924.21	917 924.3 924.20	916 924.45
Crush 925- 929	927.0	927.1	927.2- .3	927.89	928 .01	928.00	928.11	928.10 928.21	928.3 928.20	928.8 928.9
Burns 940- 949	943.x3- .x6	943.x1- .x2	944	943.x0 943.x9	-	945.x6	945.x5	945.x3 x4	945.x1 x2	945.x0x9

Nerves	-	-	-	953.4	-	-	-	-	-	-
950-951				955						
953-957										
Unspecified	959.2	-	959.4-	959.3	-	-	-	-	-	959.67
959			.5							

Source: http://www.cdc.gov/nchs/data/ice/final\_matrix\_post\_ice.pdf

Table 7: Modification of the Barell Injury Diagnosis Matrix, Classification by Body Region (Unclassifiable by Site) and Nature of the Injury

		Unclassifiable by Site		
	Other & U	Other & Unspecified		
	Other / Multiple	Unspecified Site	System-wide & Late Effects	
Fracture 800-829	819 828	829		
Dislocation 830-839	-	823.89		
Sprains & Strains 840-848	-	848.89		
Internal 850-854		869		
860-869 952 995.55				
Open Wound		879.89		
870-884 890-894			930-939 958	
Amputations 885-887	-	-	960-979 980-989	
895-897 Blood Vessels	902.87	902.9	990-994 995.5054	
900-904	902.89	904.9	995.59	
Contusion /	-	919	995.8085	
Superficial		924.8	805-909	
910-924		924.9	909.3	

Crush 925-929	-	929
Burns	947.12	946
940-949		947.8
		947.9
		948
		949
Nerves	953.8	953.9
950-951	956	957.1
953-957		957.8
		957.9
Unspeci	-	959.8
fied		959.9
959		

Source: http://www.cdc.gov/nchs/data/ice/final\_matrix\_post\_ice.pdf

909.5

 ${\bf Appendix\,2:} Indiana\, {\bf Hospitals}$ 

Hospital Name	City / Town	District	Zip	Trauma Center	САН
ADAMS MEMORIAL HOSPITAL	DECATUR	3	46733		Yes
BLUFFTON REGIONAL MEDICAL CENTER	BLUFFTON	3	46714		
CAMERON MEMORIAL COMMUNITY HOSPITAL	ANGOLA	3	46703		Yes
CLARK MEMORIAL HOSPITAL	JEFFERSONVILLE	9	47130		
COLUMBUS REGIONAL HOSPITAL	COLUMBUS	8	47201		
COMMUNITY HOSPITAL (MUNSTER)	MUNSTER	1	46321		
COMMUNITY HOSPITAL EAST	INDIANAPOLIS	5	46219		
COMMUNITY HOSPITAL NORTH	INDIANAPOLIS	5	46256		
COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY	ANDERSON	6	46011		
COMMUNITY HOSPITAL OF BREMEN, IN	BREMEN	2	46506		Yes
COMMUNITY HOSPITAL SOUTH	INDIANAPOLIS	5	46227		
COMMUNITY HOW ARD REGIONAL HEALTH SYSTEM	KOKOMO	6	46902		
COMMUNITY WESTIVEW HOSPITAL	INDIANAPOLIS	5	46222		
DAVIESS COMMUNITY HOSPITAL	WASHINGTON	10	47501		
DEACONESS HOSPITAL	EVANSVILLE	10	47747	Yes	
DEARBORN COUNTY HOSPITAL	LAWRENCEBURG	9	47025		
DECATUR COUNTY MEMORIAL HOSPITAL	GREENSBURG	9	47240		Yes
DEKALB HEALTH	AUBURN	3	46706		
DOCTOR'S HOSPITAL	BREMEN	2	46506		
DUKES MEMORIAL HOSPITAL	PERU	3	46970		Yes
DUPONT HOSPITAL	FORT WAYNE	3	46825		
ELKHART GENERAL HOSPITAL	ELKHART	2	46514		
ESKENAZI HEALTH	INDIANAPOLIS	5	46202	Yes	
FAYETTE REGIONAL HEALTH SYSTEM	CONNERSVILLE	6	47331		
FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES	NEW ALBANY	9	47150		
FRANCISCAN ST ANTHONY HEALTH - CROWN POINT	CROW N POINT	1	46307		
FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY	MICHIGAN CITY	1	46360		
FRANCISCAN ST ELISABETH HEALTH - CRAW FORDSVILLE	CRAWFORDSVILLE	4	47933		
FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE CENTRAL (CLOSED)	LAFAYETTE	4	47904		
FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST	LAFAYETTE	4	47905		
FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS	INDIANAPOLIS	5	46237		
FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	MOORESVILLE	5	46158		
FRANCISCAN ST MARGARET HEALTH - DYER	DYER	1	46311		
FRANCISCAN ST MARGARET HEALTH - HAMMOND	HAMMOND	1	46320		
GIBSON GENERAL HOSPITAL	PRINCETON	10	47670		Yes

GOOD SAMARITAN HOSPITAL	VINCENNES	10	47591		
GREENE COUNTY GENERAL HOSPITAL	LINTON	7	47441		Yes
HANCOCK REGIONAL HOSPITAL	GREENFIELD	5	46140		
HARRISON COUNTY HOSPITAL	CORYDON	9	47112		Yes
HENDRICKS REGIONAL HEALTH	DANVILLE	5	46122		
HENRY COUNTY MEMORIAL HOSPITAL	NEW CASTLE	6	47362		
IU HEALTH - ARNETT HOSPITAL	LAFAYETTE	4	47905	Yes	
IU HEALTH - BALL MEMORIAL HOSPITAL	MUNCIE	6	47303	Yes	
IU HEALTH - BEDFORD HOSPITAL	BEDFORD	8	47421		Yes
IU HEALTH - BLACKFORD HOSPITAL	HARTFORD CITY	6	47348		Yes
IU HEALTH - BLOOMINGTON HOSPITAL	BLOOMINGTON	8	47403		
IU HEALTH - GOSHEN HOSPITAL	GOSHEN	2	46526		
IU HEALTH - LA PORTE HOSPITAL	LA PORTE	1	46350		
IU HEALTH - METHODIST HOSPITAL	INDIANAPOLIS	5	46206	Yes	
IU HEALTH - MORGAN HOSPITAL INC	MARTINSVILLE	5	46151		
IU HEALTH - NORTH HOSPITAL	CARMEL	5	46032		
IU HEALTH - PAOLI HOSPITAL	PAOLI	8	47454		Yes
IU HEALTH - RILEY HOSPITAL FOR CHILDREN	INDIANAPOLIS	5	46202	Yes	
IU HEALTH - SAXONY HOSPITAL	FISHERS	5	46037		
IU HEALTH - STARKE HOSPITAL	KNOX	2	46534		
IU HEALTH - TIPTON HOSPITAL INC	TIPTON	6	46072		Yes
IU HEALTH - WEST HOSPITAL	AVON	5	46123		
IU HEALTH - WHITE MEMORIAL HOSPITAL	MONTICELLO	4	47960		Yes
JASPER MEMORIAL HOSPITAL	RENSSELAER	1	47978		Yes
JAY COUNTY HOSPITAL	PORTLAND	6	47371		Yes
JOHNSON MEMORIAL HOSPITAL	FRANKLIN	5	46131		
KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES	MADISON	9	47250		
KOSCIUSKO COMMUNITY HOSPITAL	WARSAW	2	46580		
LUTHERAN HOSPITAL OF INDIANA	FORT WAYNE	3	46804	Yes	
MAJOR HOSPITAL	SHELBYVILLE	5	46176		
MARGARET MARY COMMUNITY HOSPITAL INC	BATESVILLE	9	47006		Yes
MARION GENERAL HOSPITAL	MARION	6	46952		
MEMORIAL HOSPITAL & HEALTH CARE CENTER	JASPER	10	47546		
MEMORIAL HOSPITAL LOGANSPORT	LOGANSPORT	4	46947		
MEMORIAL HOSPITAL OF SOUTH BEND	SOUTH BEND	2	46601	Yes	
METHODIST HOSPITALS INC NORTHLAKE CAMPUS	GARY	1	46402		
METHODIST HOSPITALS INC SOUTHLAKE CAMPUS	MERRILLVILLE	1	46410		
MONROE HOSPITAL	BLOOMINGTON	8	47403		
PARKVIEW HUNTINGTON HOSPITAL	HUNTINGTON	3	46750		
PARKVIEW LAGRANGE HOSPITAL	LAGRANGE	3	46761		Yes
PARKVIEW NOBLE HOSPITAL	KENDALLVILLE	3	46755		
PARKVIEW RANDALLIA HOSPITAL	FORT WAYNE	3	46805		
PARKVIEW REGIONAL MEDICAL CENTER	FORT WAYNE	3	46805	Yes	
PARKVIEW WABASH HOSPITAL	WABASH	3	46992		
PARKVIEW WHITLEY HOSPITAL	COLUMBIA CITY	3	46725		
PERRY COUNTY MEMORIAL HOSPITAL	TELL CITY	10	47586		Yes
PEYTON MANNING CHILDREN'S HOSPITAL AT ST. VINCENT	INDIANAPOLIS	5	46260		

PORTER - PORTAGE HOSPITAL	PORTAGE	1	46368		
PORTER - VALPARAISO HOSPITAL	VALPARAISO	1	46383		
PULASKI MEMORIAL HOSPITAL	WINAMAC	2	46996		Yes
PUTNAM COUNTY HOSPITAL	GREENCASTLE	7	46135		Yes
REID HOSPITAL & HEALTH CARE SERVICES	RICHMOND	6	47374		
RICHARD L ROUDEBUSH VA MEDICAL CENTER	INDIANAPOLIS	5	46202		
RIVERVIEW HOSPITAL	NOBLESVILLE	5	46060		
RUSH MEMORIAL HOSPITAL	RUSHVILLE	6	46713		Yes
SAINT CATHERINE REGIONAL HOSPITAL	CHARLESTOWN	9	47111		
SCHNECK MEDICAL CENTER	SEYMOUR	8	47274		
SCOTT COUNTY MEMORIAL HOSPITAL	SCOTTSBURG	9	47170		Yes
ST CATHERINE HOSPITAL INC	EAST CHICAGO	1	46312		
ST JOHN'S HEALTH SYSTEM	ANDERSON	6	46016		
ST JOSEPH HOSPITAL	FORT WAYNE	3	46802		
ST JOSEPH REGIONAL MEDICAL CENTER MISHAW AKA	MISHAWAKA	2	46544		
ST JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH	PLYMOUTH	2	46563		
ST MARY MEDICAL CENTER HOBART	HOBART	1	46342		
ST MARY'S MEDICAL CENTER OF EVANSVILLE	EVANSVILLE	10	47750	Yes	
ST MARY'S WARRICK HOSPITAL	BOONVILLE	10	47601		Yes
ST VINCENT ANDERSON REGIONAL HOSPITAL	ANDERSON	6	46016		
ST VINCENT CARMEL HOSPITAL	CARMEL	5	46032		
ST VINCENT CLAY HOSPITAL	BRAZIL	7	47834		Yes
ST VINCENT DUNN HOSPITAL INC	BEDFORD	8	47421		Yes
ST VINCENT FISHERS HOSPITAL	FISHERS	5	46037		
ST VINCENT FRANKFORT HOSPITAL	FRANKFORT	4	46041		Yes
ST VINCENT HOSPITAL - INDIANAPOLIS	INDIANAPOLIS	5	46260	Yes	
ST VINCENT JENNINGS HOSPITAL	NORTH VERNON	9	47265		Yes
ST VINCENT KOKOMO	KOKOMO	6	46904		
ST VINCENT MERCY HOSPITAL, INC	ELWOOD	6	46036		Yes
ST VINCENT RANDOLPH HOSPITAL	WINCHESTER	6	47394		Yes
ST VINCENT SALEM HOSPITAL	SALEM	8	47167		Yes
ST VINCENT WILLIAMSPORT HOSPITAL	WILLIAMSPORT	4	47993		Yes
SULLIVAN COUNTY COMMUNITY HOSPIT	SULLIVAN	7	47882		Yes
TERRE HAUTE REGIONAL HOSPITAL	TERRE HAUTE	7	47802		
THE HEART HOSPITAL AT DEACONESS GATEWAY LLC	NEWBURGH	10	47630		
UNION HOSPITAL CLINTON	CLINTON	7	47842		
UNION HOSPITAL, INC	TERRE HAUTE	7	47804		Yes
VALPARAISO MEDICAL CENTER	VALPARAISO	1	46383		
WABASH COUNTY HOSPITAL	WABASH	3	46992		Yes
WITHAM HEALTH SERVICES	LEBANON	5	46052		
WITHAM HEALTH SERVICES AT ANSON	ZIONSVILLE	5	46077		
WOODLAWN HOSPITAL	ROCHESTER	2	46975		Yes
5552 (11111100111112			10070		

Appendix 3: Glossary of Terms

## **Appendix 3: Glossary of Terms**

# Based on the 2016 NTDB Data Dictionary "Glossary of Terms"

## **Co-MorbidConditions**

Co-Morbid Condition	ICD-9 Code Range	ICD-10 Code Range
*Advanced directive limiting care: The patient had a Do Not Resuscitate (DNR) document or similar advanced directive recorded prior to injury.  Alcoholism: Evidence of chronic use, such as	291.0 <i>-</i> 291.3 291.81	Z66 (Do not resuscitate)  F10.220-F10.229 (Alcohol dependence wit h intoxication)
withdrawal episodes. Exclude isolated elevated blood alcohol level in absence of history of abuse.	291.9 303.90-303.93 V11.3	F10.230-F10.239 (Alcohol dependence with withdrawal) F10.26 (Alcohol dependence with amnestic disorder) F10.27 (Alcohol dependence with persisting dementia) F10.280-F10.288 (Alcohol dependence with other alcohol induced disorders) F10.29 (Alcohol dependence with NOS alcohol induced disorders) F10.20-F10.21 (Alcohol dependence, in remission – Formerly V11.3)
Ascites within 30 days: The presence of fluid accumulation (other than blood) in the peritoneal cavity noted on physical examination, abdominal ultrasound, or abdominal CT/MRI.	789.51   789.59	R18.0   R18.8

*Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD): History of a disorder involving inattention, hyperactivity or impulsivity requiring medication for treatment.	314.01	
Bleeding disorder: Any condition that places the patient at risk for excessive bleeding due to a deficiency of blood clotting elements (e.g., vitamin K deficiency, hemophilia, thrombocytopenia, chronic anticoagulation therapy with Coumadin, Plavix, or similar	286.0-286.9 287.1-287.49 V58.61 V58.63	D66 (Hereditary factor VII) D67 (Hereditary factor XI) D68.0 (Von Willebrand's Disease) D68.1 (Hereditary factor XI) D68.2 (Hereditary deficiency of other clotting factors) D68.31-D68.32 (Hemorrhagic disorder (intrinsic, extrinsic)) D68.4 (Acquired coagulation

medications). Do not include patients on chronic aspirin therapy.  Chronic renal failure: Acute or	403.01	factor deficiency) D69.1 (Qualitative platelet defects) D69.2 (Other nonthrombocytopenic purpura) D69.3 (Immune thrombocytopenic purpura) D69.41-D69.49 (Other primary thrombocytopenia) D69.51-D69.59 (Secondary thrombocytopenia) Z79.01 (Long term (current) use of anticoagulants) Z79.02 (Long term (current) use of antithrombotics/antiplatelets) I12.0 (Hypertensive CKD – Stage
chronic renal failure prior to injury that was requiring periodic peritoneal dialysis, hemodialysis, hemodialysis, hemodiafiltration.	403.01 403.11 403.91 404.02 404.12 404.03 404.13 404.92 404.93	5) I12.11 (Hypertensive heart and CKD – Stage 5 without heart failure) I13.2 (Hypertensive heart and CKD – Stage 5 with heart failure) N18.5 (CKD – Stage 5) N18.6 (End stage renal disease)

Central line-associated bloodstream infection (CLABSI): A laboratory-confirmed bloodstream infection (LCBI) where central line (CL) or umbilical catheter (UC was in place for >2 calendar days on the date of event, with day of device placement being Day 1 and A CL or UC was in place on the date of event or the day before. If a CL or UC was in place for >2 calendar days and then removed, the LCBI criteria must be fully met on the day of discontinuation or the next	999.32	T80.211A Bloodstream infection due to central venous catheter, initial encounter
day. If the patient is admitted or transferred into a facility with a central line in place (e.g., tunneled or implanted central line), and that is the patient's only central line, day of first access as an inpatient is considered Day 1. "Access" is defined as line placement, infusion or withdrawal through the line.		
Congenital Anomalies: Defined as documentation of a cardiac, pulmonary, body wall, CNS/spinal, GI, renal, orthopaedic, or metabolic congenital anomaly.	740.0 - 759.89	Q000.0 – Q99.9
Congestive heart failure: Defined as the inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or can do so only at an increased ventricular filling pressure. To be included, this condition must be noted in the medical record as CHF, congestive heart failure, or pulmonary edema with onset or increasing symptoms within 30 days prior to injury. Common manifestations are:	398.91 428.0 - 428.9 402.01 402.11 402.91 404.11 404.13 404.91 425.0 - 425.4	I09.81 (Rheumatic heart failure) I50.1-I50.9 (Heart Failure) I11.0 (Hypertensive disease with heart failure) I13.0 (Hypertensive disease with CKD 1 - 4with heart failure) I13.2 (Hypertensive disease with CKD 5 with heart failure) I42.0 (Dilated cardiom yopathy) I42.1 (Obstructive hypertrophic cardiom yopathy) I42.2 (Other hypertrophic cardiom yopathy) I42.3 (Endomyocardial (eosinophilic) disease)

		<del></del>
Abnormal limitation in exercise tolerance due to dyspnea or fatigue		I42.4 (Endocardial fibroelastosis) I42.5 (Other restrictive cardiom yopathy) I42.8
Orthopnea (dyspnea on lying supine)		
Paroxysmal nocturnal dyspnea (awakening from sleep with dyspnea)		
Increased jugular venous pressure		
Pulmonary rales on physical examination		
Cardiomegaly		
Pulmonaryvascular engorgement		
Currently receiving		Z51.11 (Encounter for
chemotherapy for cancer: A patient who is currently receiving any chemotherapy treatment for cancer prior to admission. Chemotherapy may include, but is not restricted to, oral and parenteral treatment with chemotherapeutic agents for malignancies such as colon, breast, lung, head and neck, and gastrointestinal solid tumors as well as lymphatic and hematopoietic malignancies such as lymphoma, leukemia, and multiple myeloma.  Current smoker:		antineoplastic chemotherapy
A patient who reports smoking cigarettes every day or some days. This excludes patients who smoke cigars or pipes or use smokeless tobacco (chewing tobacco or snuff).		F17.210 (Nicotine dependence, cigarettes, uncomplicated) F17.213 (Nicotine dependence, cigarettes, with withdrawal) F17.218-F17.219 (Nicotine dependence, cigarettes, other/NOS nicotine-induced disorders)
CVA/residual neurological deficit: A history prior to injury of a cerebrovascularaccident (embolic, thrombotic, or hemorrhagic) with persistent residual motor sensory, or	434.01 434.11 434.91 433.01-433.91 438.0-438.9	I63.30–I63.39 (Cerebral infarction – thrombosis of cerebral artery) I64.40–I64.49 (Cerebral infarction – embolism of cerebral artery) I64.50–I64.59 (Cerebral infarction – occlusion or stenosis of cerebral artery)

cognitive dysfunction. (E.g.,	I63.00–I63.09 (Cerebral infarction
hemiplegia, hemiparesis,	-thrombosis of precerebral
aphasia, sensory deficit,	artery)
impaired memory).	I63.10–I63.19 (Cerebral infarction
	<ul><li>– embolism of precerebral artery)</li></ul>
	I63.20–I63.29 (Cerebral infarction
	<ul> <li>occlusion or stenosis of</li> </ul>

		precerebral artery) 163.6 (Cerebral infarction – cerebral venous thrombosis, nonpyogenic) 169.30-169.398 (Sequelae of cerebral infarction)
Diabetes mellitus: Diabetes mellitus prior to injury that required exogenous parenteral insulin or an oral hypoglycemic agent.	250.00-250.93	E08.00-E13.9 (Diabetes mellitus)
Disseminated cancer: Patients who have cancer that:  Has spread to one site or more sites in addition to the primary site  AND  In whom the presence of multiple metastases indicates the cancer is widespread, fulminant, or near terminal. Other terms describing disseminated cancer include "diffuse," "widely metastatic," "widespread," or "carcinomatosis." Common sites of metastases include major organs (e.g., brain, lung, liver, meninges, abdomen, peritoneum, pleura, bone).	196.0-199.1	C7B.00-C7B.8 (Secondary neuroendocrinetumors) C77.0-C77.9(Secondary malignant neoplasms of lymph nodes) C78.00-C78.89 (Secondary malignant neoplasms of respiratory and digestive organs) C79.00-C79.9 (Secondary malignant neoplasms of other and unspecified sites) C80.0 (Disseminated malignant neoplasm NOS)
Esophageal varices: Esophageal varices are engorged collateral veins in the esophagus which bypass a scarred liver to carry portal blood to the superior vena cava. A sustained increase in portal pressure results in esophageal varices which are most frequently demonstrated by direct visualization at esophagoscopy.	456.0-456.21	I85.00-I85.11 (Esophageal varices)

Functionally dependent health status:  Pre-injury functional status may be represented by the ability of the patient to complete activities of daily living (ADL) including: bathing, feeding, dressing, toileting, and walking. This item is marked YES if the patient, prior to injury, was partially	
dependent or completely dependent upon equipment, devices or another person to complete some or all activities of daily living. Formal definitions of dependency are listed below:  Partially dependent: The patient requires the use of equipment or devices coupled with assistance from another person for some activities of daily living. Any patient coming from a nursing home setting who is not totally dependent would fall into this category, as would any patient who requires kidney dialysis or home ventilator support that requires chronic oxygen therapy yet maintains some independent functions.	
Totally dependent: The patient cannot perform any activities of daily living for himself/herself. This would include a patient who is totally dependent upon nursing care, or a dependent nursing home patient. All patients with psychiatric illnesses should be evaluated for their ability to function with or without assistance with ADLs just as the non-psychiatric patient.	

History of angina within past 1	413.0-413.9	I20.0-I20.9 (Angina pectoris)
month:		
Pain or discomfort between the		
diaphragm and the mandible		
resulting from myocardial		
ischemia. Typically angina is a		
dull, diffuse (fist sized or larger)		
substernal chest discomfort		
precipitated by exertion or		
emotion and relieved by rest or		
nitroglycerine. Radiation often		
occurs to the arms and		
shoulders and occasionally to		
the neck, jaw (mandible, not		
maxilla), or interscapular region.		
For patients on anti-anginal		
medications, enter yes only if the		
patient has had angina within		
one month prior to admission.		
History of myocardial	410.00	I21.01-I21.29 (STEMI myocardial

infarction:	410.01	infarction)
The history of a non-Q wave, or	410.10	I21.4 (Non-STEMI myocardial
a Q wave infarction in the six	410.11	infarction)
months prior to injury as	410.20	I22.0-I22.9(Subsequent
diagnosed in the patient's	410.21	(recurrent) myocardial infarction)
medical record.	410.30	I23.0-I23.9 (Certain current
	410.31	complications following
	410.40	myocardial infarction)
	410.41	125.2
	410.50	Z86.74 (Personal history of
	410.51	sudden cardiac arrest)
	410.60	•
	410.61	
	410.70	
	410.71	
	410.80	
	410.81	
	410.90	
	410.91	
Hypertensionrequiring	401.0	I10 (Essential Hypertension)
medication:	401.1	I11.0-I11.9 (Hypertensive heart
History of a persistent elevation	401.9	disease)
of systolic blood pressure >140	642.00-642.04	I13.0-I13.11 (Hypertensive heart
mm Hg and a diastolic blood	642.20-642.24	and CKD)
pressure >90 mm Hg requiring	642.30-642.34	I15.0-I15.9(Secondary
an antihypertensive treatment	402.0-402.91	hypertension)
(e.g., diuretics, beta blockers,	403.00-403.91	,
angiotensin-converting enzyme	404.00-404.93	
(ACE) inhibitors, calcium	405.01-405.99	
channelblockers).	1	,
Prematurity:	765.00-765.19	P07.20-P07.23(Extreme
Defined as documentation of	765.20-765.29	immaturity of newborn)
premature birth, a history of	770.7	P07.30-P07.32 (Other preterm
bronchopulmonary dysplasia, or		newborn)
1	1	1 /

ventilator support for greater than 7 days after birth. Premature birth is defined as infants delivered before 37 weeks from the first day of the last menstrual period.		P27.1 (Bronchopulmonary dysplasia originating in the prenatal period)
Obesity: Defined as a Body Mass Index of 30 or greater.	278.00-278.01 V85.3-V85.4	(Note E66.3 – Overweight excluded) E66.01-E66.2 (Obesity from specified cause) E66.8-E66.9 (Other and NOS obesity) Z68.30-Z68.45 (BMIs 30 or greater in adults) Z68.53-Z68.54 (BMI 85 percentile or greater – pediatric)
Respiratory Disease: Defined	011.00-011.66	A15.0-A15.9 (Respiratory
as severe chronic lung disease,	011.8-011.99	Tuberculosis)
chronic asthma, cystic fibrosis,	012.0-012.9	E84.0 (Cystic Fibrosis with
or chronic obstructive pulmonary	277.02	pulmonary manifestations)
disease (COPD) such as emphysema and/or chronic bronchitis resulting in any one or more of the following:  Functional disability from COPD (e.g., dyspnea, inability to perform activities of daily living [ADLs])  Hospitalization in the past for treatment of COPD  Requires chronic bronchodilator therapy with oral or inhaled agents	491.0-491.9 492.0-492.8 493.00-493.92 494.0-494.1 495.0-495.9 496 518.2 518.83-518.89	J41.0-J41.8 (Simple and mucopurulent chronic bronchitis) J42 (NOS chronic bronchitis) J43.0-J43.9 (Emphysema) J44.0-J44.9 (COPD) J47.0-J47.9 (Bronchiectasis) J96.10-J96.12 (Chronic respiratoryfailure) J96.20-J96.22 (Acute and chronic respiratoryfailure) J98.3 (Compensatory emphysema)
A Forced Expiratory Volume in 1 second (FEV1) of <75% of predicted on pulmonary function testing  Do not include patients whose only pulmonary disease is acute asthma. Do not include patients with diffuse interstitial fibrosis or sarcoidosis.		

Steroid use: Patients that required the regular administration of oral or parenteral corticosteroid medications (e.g., prednisone, dexamethasone in the 30 days prior to injury for a chronic medical condition (e.g., COPD, asthma, rheumatologic disease, rheumatoid arthritis, inflammatory bowel disease). Do not include topical corticosteroids applied to the skin or corticosteroids administered by inhalation or rectally.	V58.65	Z79.51-Z79.52 (Long term current drug therapy – steroids)
Cirrhosis: Documentation in the medical record of cirrhosis, which might also be referred to as end stage liver disease. If there is documentation of prior or present esophageal or gastric varices, portal hypertension, previous hepatic encephalopathy, or ascites with notation of liver disease, then	571.2 571.5 571.6 571.8 571.9 572.2 572.3 572.4 572.8	K70.30-K70.31 (Alcoholic cirrhosis of the liver) K72.00-K72.91 (Hepatic failure) K74.3-K74.5 (Biliary cirrhosis) K74.60 (NOS cirrhosis of liver) K74.69 (Other cirrhosis of liver) K76.6 (Portal hypertension) K76.7 (Hepatorenal syndrome)

cirrhosis should be considered present. Cirrhosis should also		
be considered present if		
documented by diagnostic		
imaging studies or a		
laparotomy/laparoscopy.		
Dementia:	290.0-290.43	F01.50-F01.51 (Vascular
With particular attention to senile	294.0-294.11	dementia)
or vascular dementia (eg	331.0-331.2	F02.80-F02.81 (Dementia in other
Alzheimer's).	331.82-331.89	diseases classified elsewhere)
	332.0-332.1	F03 (NOS dementia)
	333.0	F04 (Amnestic disorder)
	333.4	G30.0-G30.9 (Alzheimer's
		disease)
		G31.01-G31.09 (Pick's disease &
		other frontotemporal dementia)
		G31.1 (Senile degeneration of
		brain)
		G31.82 (Dementia with Lewy
		bodies)
		G31.84 (Mild cognitive
		impairment)
		G31.89 (Other specified
		degenerative diseases of the
		nervous system
		G20 (Primary Parkinson's
		disease)
		G21.0-G21.9 (Secondary
I		22110 32110 (000011441)

		Parkinson's disease) G23.0-G23.9 (Other degenerative diseases of the basal ganglia) G10 (Huntington's disease)
Major psychiatric illness: Defined as documentation of the presence of pre-injury major depressive disorder, bipolar disorder, schizophrenia, anxiety/panic disorder, borderline or antisocial personality disorder, and / or adjustment disorder/post-traumatic stress disorder.	295.00-297.9 300.0-300.09 301.0-301.7 301.83 309.81 311 V11.0-V11.2 V11.4-V11.8	F20.0-F29 (Schizophrenia and non-mood psychotic disorders) F30.0-F39 (Mood [affective] disorders) F44.0-F44.9 (Dissociative and conversion disorders) F60.0 (Paranoid personality disorder) F60.1 (Schizoid personality disorder) F60.2 (Anti-social personality disorder) F60.3 (Borderline personality disorder) F60.4 (histrionic personality disorder) F60.5 (Obsessive-compulsive disorder) F60.7 (Dependent personality disorder) F60.7 (Dependent personality disorder) F43.10-F43.12(PTSD)

		Z86.51 (PH of combat and operational stress reaction) Z86.59 (PH of other mental and behavioral disorders)
Drug use disorder: If a patient has a history documented in their medical record, they would qualify for this. If patient tests positive for an illegal drug or a legal drug that was taken illegally, they would qualify for this as well.	304.00-304.8 305.2-305.9	F11.10-F11.99 (Opioid related disorders) F12.10-F12.99 (Cannabis related disorders) F13.10-F13.99 (Sedative, hypnotic, or anxiolytic related disorders) F14.10-F14.99 (Cocaine disorders) F15.10-F15.99 (Other stimulant related disorders) F16.10-F16.99 (Other hallucinogen related disorder) F18.10-F18.99 (Inhalant related disorders) F19.10-F19.99 (Other psychoactive substance related disorder)

# Pre-hospital cardiac arrest with CPR:

A sudden, abrupt loss of cardiac function which occurs outside of the hospital, prior to admission at the center in which the registry is maintained, that results in loss of consciousness requiring the initiation of any component of basic and/or advanced cardiac life support by a health care provider.

**HospitalComplications** 

Treophar Comprisations		
HospitalComplications	ICD-9 Code Range	ICD-10 Code Range
Acute kidney injury:	584.5-584.9	N17.0-N17.9 (Acute kidney
Acute kidney injury, AKI(stage 3)	588.0-588.9	failure)
Is an abrupt (within 48 hours)	585.1	N25.0 (Renal osteodystrophy)
Reduction of kidney function	585.89	N25.1 (Nephrogenic diabetes
Defined as: Increase in serum	585.9	insipidus)
Creatinine (SCr) of more than or	593.9	N25.89 (Other disorders result
Equal to 3x baseline or; Increase	958.5	from impaired renal tubular
in SCr to greater than or equal to		function)
4mg/dl (greater than or equal to		N25.9 (Disorders results from
353.3umol/l) or; Patients greater		impaired renal tubular function
than 18 years with a decrease in		NÖS)
eGFR to less than or equal to		N18.1 (CKD Stage 1)
35 ml/min per 1.73 m (squared)	İ	N28.9 (Disorder of kidney and
or; reduction in urine output of		ureter NOS)
Less than 0.3 ml/kg/hr for		T79.5xxA (Traumatic anuria –
greater than or equal to 24 hrs		initial)
greater than or equal to 24 ms		lilliai)

or; anuria for greater than or less than 12 hrs or; requiring renal replacement therapy (e.g. continuous renal therapy (CRRT) or periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration).

NOTE: If the patient or family refuses treatment (e.g. dialysis,) the condition is still considered to be present if a combination of oliguria and creatinine are present.

EXCLUDE patients with renal failure that were requiring chronic renal replacement therapy such as periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration prior to injury.

ALI/ARDS: Acute Lung Injury/Adult (Acute) Respiratory Distress Syndrome: ALI/ARDS occurs in conjunction with catastrophic medical conditions, such as pneumonia, shock, sepsis (or severe infection throughout the body, sometimes also referred to as systemic infection, and may include or also be called a blood or blood-borne infection), and trauma.	518.5 518.82	J95.1-J95.3 (Acute and chronic pulmonary insufficiency after surgery) J95.82-J95.822 J95.89 (Other postprocedural complication & disorder of respiratory system NEC)

Timing: Within 1 week of known clinical insult or new or worsening respiratory symptoms.

Chest imaging: Bilateral opacities - not fully explained by effusions, lobar/lung collage, or nodules

Origin of edema: Respiratory failure not full explained by cardiac failure of fluid overload. Need objective assessment (e.g., echocardiography) to exclude hybrostatic edema if no risk factor present

Oxygenation (at a minimum): 200<Pa02/Fi02 < \_ 300 with PEEP or CPAP \_>5 cmH20c

Cardiac arrest with CPR:	427.5 in conjunction with 99.60-	I46.2-I46.9 (Cardiac arrest) with
Cardiac arrest is the sudden	99.69	PCS Codes of:
cessation of cardiac activity after	427.5 with 37.91	5A12012 (Performance of
hospital arrival. The patient	V12.53	Cardiac Output, Single, Manual)
becomes unresponsive with no		5A2204Z (Restoration of Cardiac
normal breathing and no signs of		Rhythm)
Circulation. If corrective		02QA0ZZ (Repair of Heart, Open
measures are not taken rapidly,		
this condition progresses to		
sudden death.		
INCLUDE patients who have		
had an episode of cardiac arrest		

evaluated by hospital personnel and Received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation.		Approach) 02QC0ZZ (Repair of Left Heart, Open Approach) 02QB0ZZ (Repair of Right Heart, Open Approach)
Decubitus ulcer: Defined as any partial or full thickness loss of dermis resulting from pressure exerted by the patient's weight against a surface. Deeper tissues may or may not be involved. Equivalent	707.00-707.09 with one code from 707.22-707.25 to indicate the stage using the highest stage documented	L89.000-L89.95 (Pressure ulcer) with at least one code in the range with a sixth digit ending in 2, 3, or 4 – Stage II, III, IV, e.g. L89.303 – Pressure ulcer of buttock, stage 3)
Deep surgical site infection:	674.30	O86.0 (Infection of obstetric
Defined as a deep incisional SSI	674.32	surgical wound)
must meet one of the following	674.34	O90.2 (Hematoma of obstetric
criteria:	996.60-996.63	wound)
	996.66-996.69	T81.4xxA (Infection after a
Infection occurs within 30 days	998.59	procedure – initial)

after the operative procedure if	T82.6xxA (Infection and
no implant is left in place or	Inflammatory reaction – cardiac
within one year if implant is in	valve – initial)
place and the infection appears	T82.7xxA (Infection and
to be related to the operative	inflammatory other CV
procedure and involves deep	devices/implants/grafts – initial)
soft tissues (e.g., fascial and	T84.50xA (Infection/inflammation
muscle layers) of the incision	- NOS internal joint prosthesis -
AND patient has at least one of the following:	initial)    T84.60xA (Infection/inflammation   – internal fixation device of NOS

purulent drainage from the deep incision but not from the organ/space component of the surgical site of the following:

a deep incision spontaneously dehisces or is deliberately opened by a surgeon and is culture-positive or not cultured when the patient has at least one of the following signs or symptoms: fever (>38°C), or localized pain or tenderness. A culture-negative finding does not meet this criterion.

an abscess or other evidence of

site – initial)

T84.7xxA (Infection/inflammation other orthopedic prosthetic devices/implants/grafts – initial) T85.71xA (Infection and inflammatory reaction – peritoneal dialysis catheter – initial) T85.79xA (Infection and inflammatory reaction – other internal prosthetics/implants/grafts – initial) K68.11 (Postprocedural retroperitoneal abscess)

infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination

diagnosis of a deep incisional SSI by a surgeon or attending physician.

NOTE: There are two specific types of deep incisional SSIs:

Deep Incisional Primary (DIP)- a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)

Deep Incisional Secondary (DIS)a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site [leg] incision for CBGB)

## REPORTING INSTRUCTIONS:

Classify infection that involves both superficial and deep incision sites as deep incisional SSI.

Drug or alcohol withdrawal syndrome:  Defined as a set of symptoms that may occur when a person who has been habitually drinking too much alcohol or habitually using certain drugs (e.g. narcotics, benzodiazepine) experiences physical symptoms upon suddenly stopping consumption. Symptoms may include: activation syndrome (i.e., tremulousness, agitation, rapid heartbeat and high blood pressure), seizures, hallucinations or delirium tremens.	291.0 291.3 291.81 292.0	F10.230-F10.239 (Alcohol dependence with withdrawal) F11.23 (Opioid dependence with withdrawal) F13.230-F13.239 (Sedative dependence with withdrawal) F14.23 (Cocaine dependence with withdrawal) F15.23 (Other stimulant dependence with withdrawal) F19.230-F19.239 (Other psychoactive substance dependence with withdrawal)
Deep Vein Thrombosis (DVT): The formation, development, or existence of a blood clot or	451.0 451.11 451.19	I81.10-I80.13 (phlebitis and thrombophlebitis of femoral vein) I81.201-I81.299 (Phlebitis and

system, which may be coupled with inflammation. This diagnosis may be confirmed by a venogram, ultrasound, or CT. The patient must be treated with anticoagulation therapy and/or placement of a vena cava filter or clipping of the vena cava.	451.81-451.84 451.89 451.9 453.40 459.10-459.19 997.2 999.2	unspecified veins of lower extremity) 180.3 (Phlebitis and thrombophlebitis of lower extremityNOS) 180.8 (Phlebitis and thrombophlebitis of other site) 180.9 (Phlebitis and thrombophlebitis of NOS site) 187.001-187.099 (Post-thrombotic syndrome) T80.1xxA (Vascular complication infusion/transfusion/therapeutic injection – initial) 182.4-182.429 T81.72xA (Complication of vein after procedure NEC – initial)
Extremity compartment syndrome: Defined as a condition not present at admission in which there is documentation of tense muscular compartments of an extremity through clinical assessment or direct measurement of intracompartmental pressure) requiring fasciotomy. Compartment syndromes usually involve the leg but can also occur in the forearm, arm, thigh, and shoulder. Record as a complication if it is originally missed, leading to late recognition, a need for late intervention, and has threatened limb viability.	729.71 729.72 998.89 958.91 958.92 958.90	M79.A11-M79.A19 (Nontraumatic compartment syndrome of UE) M79.A21-M79.A29 (Nontraumatic compartment syndrome of LE) T79.A11A (Traumatic compartment syndrome of right UE initial) T79.A12A (Traumatic compartment syndrome of left UE initial) T79.A19A (Traumatic compartment syndrome of NOS UE initial) T79.A21A (Traumatic compartment of right LE initial) T79.A22A (Traumatic compartment of right LE initial) T79.A22A (Traumatic compartment syndrome of left LE initial) T79.A29A (Traumatic
Graft/prosthesis/flap failure: Mechanical failure of an extracardiac vascular graft or prosthesis including myocutaneous flaps and skin grafts requiring return to the operating room or a balloon angioplasty.	996.00 996.1 996.52 996.55 996.61 996.62 996.72	compartment syndrome of NOS LE initial)  (initial codes only – ending with 7 character designation of A) T82.010A (Breakdown of heart valve prosthesis – initial) T82.110x-T82.119x (Breakdown of cardiac electronic devices and implants) T82.211A (Breakdown of coronary artery bypass graft) T82.310x-T82.319x (Breakdown of vascular grafts) T82.41xA (Breakdown of vascular dialysis catheter)

T82.510x-T82.519x (Breakdown of cardiac and vascular devices and implants) T83.010A (Breakdown of cystostomy catheter - initial) T83.080A (Breakdown of other indwelling urethral catheter initial) T83.110x-T83.118x (Breakdown of other urinary catheter) T83.21xA (Breakdown of graft of urinary organ – initial) T83.410A (Breakdown of penile device/implant/graft - genitalia initial) T83.418A (Breakdown of other prosthetic device/implant/graftgenitalia – initial) T84.010A (Broken internal R hip prosthesis - initial) T84.011A (Broken internal L hip prosthesis – initial) T84.012A (Broken internal R knee prosthesis – initial) T84.013A (Broken internal L knee prosthesis - initial) T84.018A (Broken internal joint prosthesis other site – initial) T84.110x-T84.119x (Breakdown of internal fixation device for long bones) T84.210x-T84.218x (Breakdown of internal fixation device for bones of foot/hand, vertebrae, and other bones NEC) T84.310A (Breakdown of electronic bone stimulator initial) T84.318A (Breakdown of other bone device, implants, grafts initial) T85.01xA (Breakdown of ventricular intracranial shunt initial) T85.110x-T85.118x (Breakdown of implanted electronic stimulator of nervous system) T85.21xA (Breakdown of intraocular lens - initial) T85.310x-T85.318x (Breakdown of ocular prosthetic device) T85.41xA (Breakdown of GI prosthesis – initial) T85.510x-T85.518x (Breakdown

Myocardial infarction: A new acute myocardial infarction occurring during hospitalization (within 30 days of injury).	414.8 412	of GI prosthesis device) T85.610x-T85.618x (Breakdown of other specified internal prosthesis device)  I21.01-I21.29 (STEMI myocardial infarction) I21.4 (Non-STEMI myocardial infarction) I22.0-I22.9 (Subsequent (recurrent) myocardial infarction) Excludes: I25.2 (Old myocardial infarction)
Organ/space surgical site infection: Defined as an infection that occurs within 30 days after an operation and infection involves any part of the anatomy (e.g., organs or spaces) other than the incision, which was opened or manipulated during a procedure; and at least one of the following, including:  Purulent drainage from a drain that is placed through a stab wound or puncture into the organ/space;  Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space;  An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination; or	998.59	T81.4xxÅ (Infection after a procedure – initial) K68.11 (Postprocedural retroperitoneal abscess)
Diagnosis of an organ/space SSI by a surgeon or attending physician.  Pneumonia: Patients with evidence of pneumonia that develops during the hospitalization. Patients with pneumonia must meet at least one of the following two criteria:  Criterion 1. Rales or dullness to percussion on physical examination of chest AND any of the following:	480.0-480.9 481 482.0-482.3 482.30-483.39 482.40-482.49 482.81-48.89 482.9 483.0-483.8 484.1-484.8 485 486	J14 (Pneumonia – Hemophilus influenza) J15.0-J15.29 (Pneumonia – staphylococcus) J15.3 (Pneumonia – streptococcus B) J15.4 (Pneumonia – other streptococci) J15.5 (Pneumonia – E Coli) J15.7 (Pneumonia – Other aerobic Gram negative bacterial)

New onset of purulent sputum or change in character of sputum Organism isolated from blood culture Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy  Criterion 2. Chest radiographic examination shows new or progressive infiltrate, consolidation, cavitation, or pleural effusion AND any of the following: New onset of purulent sputum or change in character of sputum Organism isolated from the blood Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy Isolation of virus or detection of viral antigen in respiratory secretions Diagnostic single antibody titer (IgM) or fourfold increase in paired serum samples (IgG) for pathogen Histopathologic evidence of pneumonia	997.31	J15.8 (Pneumonia – Mycoplasma pneumonia) J15.9 (Pneumonia – Other bacterial) J16.0-J16.8 (Other infectious pneumonia) J17 (Pneumonia in diseases classifiedelsewhere) J18.0-J18.9 (Pneumonia, unspecified organism) J95.851
Pulmonaryembolism: Defined as a lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma. The blood clots usually originate from the deep leg veins or the pelvic venous system. Consider the condition present if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive pulmonary arteriogram or positive CT angiogram.	415.11 415.12 415.19 416.2	I26.01-I26.99 (Pulmonary embolism) I27.82 (Chronic pulmonary embolism)
Stroke/CVA: A focal or global neurological deficit of rapid onset and NOT present on admission. The patient must have at least one of the following symptoms:  Change in level of consciousness	434.01 434.11 434.91 433.01-433.91 997.02	I63.00-I63.9 (Cerebral Infarction) I65.01-I65.9 (Occlusion and stenosis of vertebral and carotid arteries in the head) I97.810-I97.821 (Intrapoerative and postprocedural CVA)

Hemiplegia **Hemiparesis** Numbness or sensory loss affecting one side of the body Dysphasia or aphasia Hemianopia Amaurosis fugax Or other neurological signs or symptoms consistent with stroke AND Duration of neurological deficit ≥24 h OR Duration of deficit <24 h, if neuroimaging (MR, CT, or cerebral angiography) documents a new hemorrhage or infarct consistent with stroke, or therapeutic intervention(s) were performed for stroke, or the neurological deficit results in death AND No other readily identifiable nonstroke cause, e.g., progression of existing traumatic brain injury, seizure, tumor, metabolic or pharmacologic etiologies, is identified AND Diagnosis is confirmed by neurology or neurosurgical specialist or neuroimaging procedure (MR, CT, angiography) or lumbar puncture (CSF demonstrating intracranial hemorrhage that was not present on admission). Although the neurologic deficit

must not present on admission, risk factors predisposing to stroke (e.g., blunt cerebrovascular injury, dysrhythmia) may be present on admission.		
Superficial surgical site infection: Defined as an infection that occurs within 30 days after an operation and infection involves only skin or subcutaneous tissue of the incision and at least one of the following:	998.59	K68.11(Postprocedural retroperitoneal abscess) T81.4xxA
Purulent drainage, with or without laboratory confirmation, from the superficial incision.		
Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision.		
At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat and superficial incision is deliberately opened by the surgeon, unless incision is culture-negative.		
Diagnosis of superficial incisional surgical site infection by the surgeon or attending physician.		
Do not report the following conditions as superficial surgical site infection:		
Stitch abscess (minimal inflammation and discharge confined to the points of suture penetration).		
Infected burn wound.		
Incisional SSI that extends into the fascial and muscle layers (see deep surgical site infection).		
Unplanned intubation: Patient requires placement of an endotracheal tube and mechanical or assisted		

ventilation because of the onset of respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis. In patients who were intubated in the field or Emergency Department, or those intubated for surgery, unplanned intubation occurs if they require reintubation > 24 hours after extubation.		
Urinary Tract Infection: Defined as an infection anywhere along the urinary tract with clinical evidence of infection, which includes at least one of the following symptoms with no other recognized cause:	595.0-595.9 or 599.0	N30.00-N30.91 (Cystitis) N39.0 (Urinary Tract Infection, site not specified)
Fever≥38 C		
WBC> 100,000 or < 3000 per cubicmillimeter		
Urgency		
Frequency		
Dysuria		
Suprapubictenderness		
AND		
positive urine culture (≥100,000 microorganisms per cm³ of urine with no more than two species of microorganisms) OR		
at least two of the following signs or symptoms with no other recognized cause:		
Fever≥38 C		
WBC> 100,000 or < 3000 per cubicmillimeter		
Urgency		
Frequency		

Dysuria

Suprapubictenderness

AND at least one of the following:

Positive dipstick for leukocyte esterase and/or nitrate

Pyuria (urine specimen with >10 WBC/mm<sup>3</sup> or >3 WBC/high power field of unspun urine)

Organisms seen on Gram stain of unspun urine

At least two urine cultures with repeated isolation of the same uropathogen (gram-negative bacteria or S. saprophyticus) with ≥102 colonies/ml in nonvoided specimens

≤105 colonies/ml of a single uropathogen (gram-negative bacteria or S. saprophyticus) in a patient being treated with an effective antimicrobial agent for a urinary tract infection

Physician diagnosis of a urinary tract infection

Physician institutes appropriate therapy for a urinary tract infection

Excludes asymptomatic bacteriuria and "other" UTIs that are more like deep space infections of the urinary tract.

Catheter-Related Blood Stream	993.1	R78.81 (Bacteremia)
Infection:	790.7	A40.0 (Streptococcal sepsis,
Defined as organism cultured	038.0	group A)
from the bloodstream that is not	038.1	A40.1 (Streptococcal sepsis,
related to an infection at another	038.10	group B)
site but is attributed to a central	038.11	A40.8 (Other streptococcal
venous catheter. Patients must	038.19	sepsis)
have evidence of infection	038.3	A40.9 (Streptococcal sepsis,
including at least one of:	038.4-038.43	unspecified)
	038.49	A41.01 (Sepsis due to Methicillin
Criterion 1: Patient has a	038.8	susceptible staphylococcus
recognized pathogen cultured	038.9	aureus)
from one or more blood cultures		A41.02 (Sepsis due to Methicillin

and organism cultured from blood is not related to an infection at another site.

Criterion 2: Patient has at least one of the following signs or symptoms: Fever>38 C Chills WBC> 100,000 or < 3000 per cubicmillimeter

cubicmillimeter
Hypotension (SBP<90) or >25%
drop in systolic blood pressure
Signs and symptoms and
positive laboratory results are not
related to an infection at another
site AND

Common skin contaminant (i.e., diphtheroids [Corynebacterium spp.], Bacillus [not B. anthracis] spp., Propionibacterium spp., coagulase-negative staphylococci [including S. epidermidis], viridans group streptococci, Aerococcus spp., Micrococcus spp.) is cultured from two or more blood cultures drawn on separate occasions.

Criterion 3:

Patient < 1 year of age has at least one of the following signs or symptoms:
Fever (>38°C core)

Hypothermia (<36°C core), Apnea, or bradycardia Signs and symptoms and positive laboratory results are not related to an infection at another site and common skin contaminant (i.e., diphtheroids [Corynebacterium spp.], Bacillus [not B. anthracis] spp., Propionibacterium spp., coagulase-negative staphylococci [including S. epidermidis], viridans group streptococci, Aerococcus spp., Micrococcus spp.) is cultured from two or more blood cultures

Erythema at the entry site of the central line or positive cultures on

drawn on separate occasions.

resistant staphylococcus aureus)
A41.1 (Sepsis due to other
specified staphylococcus)
A41.2 (Sepsis due to unspecified
staphylococcus)
A41.4 (Sepsis due to anaerobes)
A41.50-A41.59 (Gram-negative
sepsis)
A41.81-A41.89 (Other specified
sepsis)
A41.9 (Sepsis, unspecified
organism)

the tip of the line in the absence of positive blood cultures is not		
considered a CRBSI		
Osteomyelitis: Defined as meeting at least one of the following criteria:	730.00-730.29	M86.00M86.9 (Osteomyelitis)
Organisms cultured from bone.		
Evidence of osteomyelitis on direct examination of the bone during a surgical operation or histopathologicexamination.		
At least two of the following signs or symptoms with no other recognized cause: fever (38° C), localized swelling, tenderness, heat, or drainage at suspected site of bone infection and at least one of the following:  Organisms cultured from blood Positive blood antigen test (e.g., H. influenzae, S. pneumoniae) Radiographic evidence of infection, e.g., abnormal findings on x-ray, CT scan, magnetic resonance imaging (MRI), radiolabel scan (gallium, technetium, etc.).		
Unplanned return to the OR: Unplanned return to the operating room after initial operation management for a similar or related previous procedure.		
Unplanned return to the ICU: Unplanned return to the intensive care unit after initial ICU discharge. Does not apply if ICU care is required for postoperative care of a planned surgical procedure.		

Ventilator-associated Pneumonia (VAP): A pneumonia where the patient is on mechanical ventilation for >2 calendar days on the date of event, with day of ventilator placement being Day 1 and the ventilator was in place on the date of event or the day before. If the patient is admitted or transferred into a facility on a ventilator, the day of admission is considered Day 1.	997.31	J95.851 Ventilator associated pneumonia
Severe sepsis: Sepsis and/or Severe Sepsis: Defined as an obvious source of infection with bacteremia and two or more of the following:  Temp > 38° C or < 36° C  White Blood Cell count > 12,000/mm³, or >20% immature (Source of Infection)	785.52 995.92	R65.20-R65.21 (Severe Sepsis
Hypotension – (Severe Sepsis)  Evidence of hypoperfusion: (Severe Sepsis)  Anion gap or lactic acidosis or Oliguria, or Altered mental status		

## Other Terms

**Patient's Occupational Industry**: The occupational history associated with the patient's work environment.

#### Field Value Definitions:

- a. <u>Finance and Insurance</u> The Finance and Insurance sector comprises establishments primarily engaged in financial transactions (transactions involving the creation, liquidation, or change in ownership of financial assets) and/or in facilitating financial transactions. Three principal types of activities are identified:
  - a. Raising funds by taking deposits and/or issuing securities and, in the process, incurring liabilities.
  - b. Pooling of risk by underwriting insurance and annuities.
  - c. Providing specialized services facilitating or supporting financial intermediation, insurance, and employee benefit programs.
- b. Real Estate Industries in the Real Estate subsector group establishments that are primarily engaged in renting or leasing real estate to others; managing real estate for others; selling, buying, or renting real estate for others; and providing other real estate related services, such as appraisal services.
- c. Manufacturing The Manufacturing sector comprises establishments engaged in the mechanical, physical, or chemical transformation of materials, substances, or components into new products. Establishments in the Manufacturing sector are often described as plants, factories, or mills and characteristically use power-driven machines and materials- handling equipment. However, establishments that make new products by hand, such as bakeries, candy stores, and custom tailors, may also be included in this sector.
- d. Retail Trade The Retail Trade sector comprises establishments engaged in retailing merchandise, generally without transformation, and rendering services incidental to the sale of merchandise. The retailing process is the final step in the distribution of merchandise; retailers are, therefore, organized to sell merchandise in small quantities to the general public. This sector comprises two main types of retailers:
  - a. Store retailers operate fixed point-of-sale locations, located and designed to attract a high volume of walk-in customers.
  - b. Non-store retailers, like store retailers, are organized to serve the general public, but their retailing methods differ.
- e. <u>Transportation and Public Utilities</u>- The Transportation and Warehousing sector includes industries providing transportation of passengers and cargo, warehousing and storage for goods, scenic and sightseeing transportation, and support activities related to modes of transportation. The Utilities sector comprises establishments engaged in the provision of the following utility services: electric power, natural gas, steam supply, water supply, and sewage removal.
- f. Agriculture. Forestry. Fishing The Agriculture, Forestry, Fishing and Hunting sector comprises establishments primarily engaged in growing crops, raising animals, harvesting timber, and harvesting fish and other animals from a farm, ranch, or their natural habitats. The establishments in this sector are often described as farms, ranches, dairies, greenhouses, nurseries, orchards, or hatcheries.
- g. Professional and Business Services The Professional, Scientific, and Technical Services sector comprises establishments that specialize in performing professional, scientific, and technical activities for others. These activities require a high degree of expertise and training. The establishments in this sector specialize according to expertise and provide these services to clients in a variety of industries and, in some cases, to households. Activities performed include: legal advice and representation; accounting, bookkeeping, and payroll services; architectural, engineering, and specialized design services; computer services; consulting services; research services; advertising services; photographic services; translation and interpretation services; veterinary services; and other professional, scientific, and technical services.

- h. Education and Health Services The Educational Services sector comprises establishments that provide instruction and training in a wide variety of subjects. This instruction and training is provided by specialized establishments, such as schools, colleges, universities, and training centers. These establishments may be privately owned and operated for profit or not for profit, or they may be publicly owned and operated. They may also offer food and/or accommodation services to their students. The Health Care and Social Assistance sector comprises establishments providing health care and social assistance for individuals. The sector includes both health care and social assistance because it is sometimes difficult to distinguish between the boundaries of these two activities.
- i. <u>Construction</u> The construction sector comprises establishments primarily engaged in the construction of buildings or engineering projects (e.g., highways and utility systems). Establishments primarily engaged in the preparation of sites for new construction and establishments primarily engaged in subdividing land for sale as building sites also are included in this sector. Construction work done may include new work, additions, alterations, or maintenance and repairs.
- j. Government Civil service employees, often called civil servants or public employees, work in a variety of fields such as teaching, sanitation, health care, management, and administration for the federal, state, or local government. Legislatures establish basic prerequisites for employment such as compliance with minimal age and educational requirements and residency laws.
- k. Natural Resources and Mining The Mining sector comprises establishments that extract naturally occurring mineral solids, such as coal and ores; liquid minerals, such as crude petroleum; and gases, such as natural gas. The term mining is used in the broad sense to include quarrying, well operations, beneficiating (e.g., crushing, screening, washing, and flotation), and other preparation customarily performed at the mine site, or as a part of mining activity.
- Information Services The Information sector comprises establishments engaged in the following processes: (a) producing and distributing information and cultural products, (b) providing the means to transmit or distribute these products as well as data or communications, and (c) processing data.
- m. Wholesale Trade TheW holesale Trade sector comprises establishments engaged in wholesaling merchandise, generally without transformation, and rendering services incidental to the sale of merchandise. The merchandise described in this sector includes the outputs of agriculture, mining, manufacturing, and certain information industries, such as publishing.
- n. Leisure and Hospitality The Arts, Entertainment, and Recreation sector includes a wide range of establishments that operate facilities or provide services to meet varied cultural, entertainment, and recreational interests of their patrons. This sector comprises (1) establishments that are involved in producing, promoting, or participating in live performances, events, or exhibits intended for public viewing; (2) establishments that preserve and exhibit objects and sites of historical, cultural, or educational interest; and (3) establishments that operate facilities or provide services that enable patrons to participate in recreational activities or pursue amusement, hobby, and leisure-time interests. The Accommodation and Food Services sector comprises establishments providing customers with lodging and/or preparing meals, snacks, and beverages for immediate consumption. The sector includes both accommodation and food services establishments because the two activities are often combined at the same establishment.
- Other Services The Other Services sector comprises establishments engaged in
  providing services not specifically provided for elsewhere in the classification system.
  Establishments in this sector are primarily engaged in activities, such as equipment and
  machinery repairing, promoting or administering religious activities, grantmaking, advocacy,

**Patient's Occupation**: The occupation of the patient.

Field Value Definitions:

a. Business and Financial Operations Occupations

**Buyers and Purchasing** 

Agents Accountants and

**Auditors** 

Claims Adjusters, Appraisers, Examiners, and Investigators

Human Resources Workers

Market Research Analysts and Marketing Specialists

Business Operations Specialists, All Other

## b. Architecture and Engineering Occupations

Landscape Architects

Surveyors, Cartographers, and

Photogrammetrists Agricultural Engineers

**Chemical Engineers** 

Civil Engineers

Electrical Engineers

## c. Community and Social Services Occupations

Marriage and Family Therapists

Substance Abuse and Behavioral Disorder Counselors

Healthcare Social Workers

Probation Officers and Correctional Treatment Specialists

Clergy

## d. Education. Training, and Library Occupations

Engineering and Architecture Teachers,

Postsecondary Math and Computer Teachers,

Postsecondary

Nursing Instructors and Teachers, Postsecondary

Law, Criminal Justice, and Social Work Teachers, Postsecondary

Preschool and Kindergarten Teachers

Librarians

#### e. Healthcare Practitioners and Technical Occupations

Dentists, All Other

Specialists Dietitians and

Nutritionists Physicians and

Surgeons Nurse

Practitioners

Cardiovascular Technologists and Technicians

Emergency Medical Technicians and Paramedics

## f. Protective Service Occupations

**Firefighters** 

Police Officers

Animal Control Workers

Security Guards

Lifeguards, Ski Patrol, and Other Recreational Protective Service

## g. Building and Grounds Cleaning and Maintenance

**Building Cleaning Workers** 

Landscaping and Grounds keeping Workers Pest Control Workers

Pesticide Handlers, Sprayers, and Applicators, Vegetation

Tree Trimmers and Pruners

## h. Sales and Related Occupations

Advertising Sales Agents

Retail Salespersons

Counter and Rental Clerks

Door-to-Door Sales Workers, News and Street Vendors, and Related Workers

Real Estate Brokers

## i. Farming, Fishing, and Forestry Occupations

Animal Breeders

Fishers and Related Fishing Workers

Agricultural Equipment Operators Hunters and Trappers

Forest and Conservation Workers

Logging Workers

## j. Installation. Maintenance, and Repair Occupations

Electric Motor, Power Tool, and Related Repairers

Aircraft Mechanics and Service Technicians

Automotive Glass Installers and Repairers

Heating, Air Conditioning, and Refrigeration Mechanics and Installers

Maintenance Workers, Machinery

Industrial Machinery Installation, Repair, and Maintenance Workers

#### k. Transportation and Material Moving Occupations

Rail Transportation Workers, All Other

Subway and Streetcar Operators

Packers and Packagers, Hand

Refuse and Recyclable Material Collectors

Material Moving Workers, All Other

Driver/Sales Workers

#### I. Management Occupations

Public Relations and Fundraising Managers

Marketing and Sales Managers

Administrative Services Managers

Transportation, Storage, and Distribution Managers

Transportation, Storage, and Distribution Managers

Food Service Managers

## m. Computer and Mathematical Occupations

Web Developers

Software Developers and Programmers

**Database Administrators** 

Statisticians

Computer Occupations, All Other

## n. Life. Physical. and Social Science Occupations

Psychologists Economists Foresters

Zoologists and Wildlife Biologists

Political Scientists

Agricultural and Food Science Technicians

## o. Legal Occupations

Lawyers and Judicial Law Clerks

Paralegals and Legal Assistants

Court Reporters

Administrative Law Judges, Adjudicators, and Hearing Officers

Arbitrators, Mediators, and Conciliators

Title Examiners, Abstractors, and Searchers

## p. Arts. Design. Entertainment. Sports. and Media

Artists and Related Workers, All Other

Athletes, Coaches, Umpires, and Related Workers

Dancers and Choreographers Reporters and Correspondents

Interpreters and Translators

Photographers

## **Healthcare Support Occupations**

Nursing, Psychiatric, and Home Health Aides

Physical Therapist Assistants and Aides

Veterinary Assistants and Laboratory Animal Caretakers

Healthcare Support Workers, All Other

Medical Assistants

#### q. Food Preparation and Serving Related

Bartenders

Cooks, Institution and Cafeteria

Cooks, Fast Food

Counter Attendants, Cafeteria, Food Concession, and Coffee Shop

Waiters and Waitresses

Dishwashers

## r. Personal Care and Service Occupations

**Animal Trainers** 

Amusement and Recreation Attendants

Barbers, Hairdressers, Hairstylists and Cosmetologists

Baggage Porters, Bellhops, and Concierges

Tour Guides and Escorts

Recreation and Fitness Workers

#### s. Office and Administrative Support Occupations

Bill and Account Collectors

Gaming Cage Workers

Payroll and Timekeeping Clerks

Tellers

Court, Municipal, and License Clerks

Hotel, Motel, and Resort Desk Clerks

## t. Construction and Extraction Occupations

Brickmasons, Blockmasons, and Stonemasons

Carpet, Floor, and Tile Installers and Finishers

**Construction Laborers** 

Electricians

Pipelayers, Plumbers, Pipefitters, and Steamfitters

Roofers

#### u. **Production Occupations**

Electrical, Electronics, and Electromechanical Assemblers

Engine and Other Machine Assemblers

Structural Metal Fabricators and Fitters

**Butchers and Meat Cutters** 

Machine Tool Cutting Setters, Operators, and Tenders, Metal and Plastic

Welding, Soldering, and Brazing Workers

## v. Military Specific Occupations

Air Crew Officers

Armored Assault Vehicle Officers

Artillery and Missile Officers

Infantry Officers

Military Officer Special and Tactical Operations Leaders, All Other and providing dry cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.

**Foreign Visitor** is defined as any person visiting a country other than his/her usual place of residence for any reason.

**Intermediate care facility**: A facility providing a level of medical care that is less than the degree of care and treatment that a hospital or skilled nursing facility is designed to provide but greater than the level of room and board.

Home Health Service: A certified service approved to provide care received at home as part-time

- skilled nursing care, speech therapy, physical or occupational therapy or part-time services of home health aides.
- **Homeless:** is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.
- **Hospice**: An organization which is primarily designed to provide pain relief, symptom management and supportive services for the terminally ill and their families.
- **Migrant Worker** is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country.
- **Operative and/or essential procedures** is defined as procedures performed in the Operating Room, Emergency Department, or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient's specific injuries. Repeated diagnostic procedures (e.g., repeated CT scan) should not be recorded (record only the first procedure).
- **Skilled Nursing Care**: Daily nursing and rehabilitative care that is performed only by or under the supervision of skilled professional or technical personnel. Skilled care includes administering medication, medical diagnosis and minor surgery.
- **Undocumented Citizen** is defined as a national of another country who has entered or stayed in another country without permission.

# Appendix 4: NTDS References

## **National Trauma Data Standard (NTDS) Data Dictionary**

Content for the NTDS can be found at: <a href="http://www.ntdsdictionary.org/">http://www.ntdsdictionary.org/</a>.

The following information should be reviewed before submitting data to the NTDB or Indiana Trauma Registry:

- Appendix 1: NTDB Facility Dataset (pages A1.1 A1.3 of the 2016 NTDS Data Dictionary)
- 2. Appendix 2: Edit Checks for the National Trauma Data Standard Data Elements (pages A2.2 A2.32 of the 2016 NTDS Data Dictionary)
- 3. Appendix 3: Glossary of Terms (pages A3.1 A3.12 of the 2016 NTDS Data Dictionary)

Appendix 5: Maps

## **Indiana Hospitals**

